UNIVERSITY OF ALBERTA

THE EXPERIENCE OF REMEMBERING CHILDHOOD SEXUAL ABUSE

by

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Dedication

This work is dedicated to three groups of people.

To my parents, Ray and Joanne Flickinger.
You gave me faith, hope and most of all love.

To my "adopted" parents Bella and Tibor Kestenbaum, who survived the Holocaust as Jewish youths in occupied Europe. You have taught me a great deal about the strength of the human spirit and of how to celebrate life.

To the women who participated in this study and all victims of childhood abuse. You are THE REASON this project was undertaken and completed.

Abstract

This study explores the experience of remembering childhood sexual abuse (CSA). Six female adults were interviewed by means of open-ended questions concerning their experiences of recovering abuse memories. Prior to remembering the abuse as adults, participants had no conscious or explicit memories of having been sexually molested as children. Empirical phenomenology was used to analyse participants' descriptions of their experiences. Some of the main themes that emerged concerning the remembering process were related to the intense and overwhelming nature of the experience. The women talked about remembering by means of vivid flashbacks of abuse events and described the many ways in which they were impacted by these memories. They spoke of a variety of coping strategies they learned in order to deal with the intense emotional reactions they experienced as a result of remembering. The women also identified things that were helpful or not helpful during this time and talked about significant changes that they have experienced since remembering the abuse. This study offers phenomenological insight into an important, as well as, controversial experience.

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Chapter I

Introduction

What is the topic and why is it important?

The purpose of this study is to explore the experience of recovering memories of childhood sexual abuse. There is an additional focus on what was helpful and not helpful for individuals while going through this experience and lastly, the difference this experience has made in their lives. The goal of this research is to contribute to our understanding of the nature of this phenomenon and to assist members of the helping professions in responding effectively.

There is presently great controversy about this phenomenon (Goldzband, 1995). In my opinion, much of the abundant media coverage of this experience tends toward sensationalism rather than addressing adequately the complexity of the issues involved. In addition, there is little emphasis on the phenomenological aspects of this experience in the literature. Most of the focus is on treatment strategies. There have been some recent attempts by a number of authors to address this deficit (Fredrickson, 1992; Freyd, 1996; Reviere, 1996; Sachs & Peterson, 1994; Terr, 1994; Whitfield, 1995). Despite the abundant attention that this topic is receiving, formal research on this phenomenon is limited. Few studies have been done and the methodological problems are numerous. The importance of this experience is such that there is a need for in-depth research. By this I mean that the research should focus specifically on this phenomenon as opposed to extracting information in a clinical setting where many issues are being attended to simultaneously. In addition, research conclusions need to be firmly grounded in the data. This connection needs to be demonstrated clearly.

The importance of this phenomenon can not be overemphasized. Our understanding or lack of it in regard to this matter directly impacts treatment strategies. If a therapist views delayed memories of abuse as a symptom of "hysteria" as did Freud, his or her interventions would be very different than those employed when dealing with symptoms of Posttraumatic Stress Disorder (PTSD). Unfortunately, differences in treatment strategies are not the only reason this area is important. Views on the recovered memory phenomenon are having increased influence on political and legal trends as well as social attitudes regarding childhood sexual abuse. A brief discussion of recent trends will illustrate this point.

Since the early 80's, our society has experienced an increased awareness of the reality of sexual abuse through education by the media and a renewed interest in the area by helping professionals. The recovery movement has also contributed to a climate in which the subject of abuse is no longer a taboo topic. In addition to an increase in reporting of abuse, more victims are taking their abusers to court and there are greater social pressures on politicians to change legislation to offer greater protection for victims. Two examples of this latter trend are changes to child abuse laws and to the statute of limitations.

However, these changes have not occurred without opposition. Those accused of perpetrating the abuse have become organized and are challenging the validity of victims' testimonies about their abuse, particularly in cases of recovered memories and in those involving Satanic ritual abuse. At the front of this debate is the False Memory Syndrome Foundation (FMSF) established in 1992. The growth of this organization is phenomenal. Within one year, their membership increased from 309 families to more than 4,000 families (Moskal, 1994). As it's name implies, FMSF is concerned about false memory syndrome, which they define as "a condition in which a person's identity and interpersonal relationships are centered around a memory of traumatic experience which is objectively false but in which the person strongly believes" (Kihlstom, 1993, p.6). The FMSF proposes that increased social awareness of sexual abuse has created a "sexual abuse hysteria" that has led to a "witch hunt" directed at alleged abusers (Freyd, et.al, 1993, p.7). They are concerned that this social "hysteria" combined with inept therapists using questionable memory enhancing techniques contribute significantly to the occurrence of FMS. The purpose of the foundation is to advocate and provide support for those being falsely accused of sexual abuse. However, there is no indication from their newsletter that they attempt to differentiate between those who are falsely accused and true sex offenders within their membership. One of the results of FMSF's influence has been an increase in malpractice suits against therapists by parents accused of abuse and by clients who conclude that their memories of abuse were false.

The importance of these recent trends has contributed to a renewed interest in the phenomenon of recovered memories of childhood sexual abuse. However, even with a renewed interest, it remains a difficult subject to research. The methodological limitations are numerous. As a result, there is much that is unknown. This study explores the experience of remembering CSA from a qualitative perspective in order to increase our understanding of this experience and to address some of the methodological issues. In particular, the connection between the data and the research conclusions is clearly evident. In addition, the results provide additional evidence to a growing body of research that confirms the reality and importance of this experience.

Chapter II is a review of the literature on this subject. It provides a context for the results of this study. The literature review is divided into two sections. The first section explores briefly the history of trauma/memory research and discusses studies specifically addressing the issue of recovered memories of childhood sexual abuse. The second section reviews present theoretical models accounting for this phenomenon.

In Chapter III, the methodology is outlined and discussed. The principles of qualitative research were used to explore the remembering experience. The procedures used for participant selection, data collection and analysis are specified. Issues regarding data trustworthiness and ethics are also discussed.

The results are explored in Chapter IV. This chapter is divided into four sections. The first section describes participants lives before their abuse memories returned and events leading up to their remembering experience. In the second section, the remembering experience is explored. Section three covers those things that participants identified as helpful or not helpful while going through the remembering process. The last section reviews changes identified as significant by participants since their memories returned. In Chapter V, the significance of the findings of this study is discussed. Important themes with regard to the experience of trauma, the remembering experience, and facilitating the healing process are explored.

Chapter II

Literature Review

Section I

When exploring the issue of recovered memories of abuse, numerous questions arise. What evidence is there to suggest that it is possible for people to not remember certain traumatic events in childhood and to later recover these memories? More specifically, is there evidence to suggest that it is possible for a person to not remember that she/he has been sexually abused as a child and to later recover these memories as an adult?

Traumatic amnesia is an experience well documented in trauma literature (Bremner, et al., 1992; Cardena & Spiegel, 1993; Carlson & Rosser-Hogan, 1991; Koopman, Classen & Spiegel, 1994; Loewenstein & Putman, 1988; Marmar, et al., 1994; Spiegel, Hunt & Dondershine, 1988; Terr, 1994; Williams, 1995). Documented cases of traumatic amnesia are most readily found in the war literature. It is likely that the reason for this is that during traumatic events in a war there may be other people witnessing the event as well as physical evidence to substantiate its occurrence. This is in contrast to the trauma of childhood abuse. The only witnesses of this type of event are usually the perpetrator and the victim(s). Physical evidence may be nonexistent. The following is a brief summary of the type of evidence that supports the existence of traumatic amnesia and of our current understanding of the nature of this experience.

In her summary of the history of trauma research, Judith Lewis Herman (1992) notes that the reality of psychological trauma became clear during World War 1, where according to some estimates, "mental breakdowns represented 40% of British battle casualties" (p.20). The reason for this was that the battle conditions in WWI were ideally suited to produce what is now called PTSD.

> Under conditions of unremitting exposure to the horrors of trench warfare, men began to break down in shocking numbers. Confined and rendered helpless, subjected to constant threat of annihilation, and forced to witness the mutilation and death of their comrades without any hope of reprieve, many soldiers began to act like hysterical women. They screamed and wept uncontrollably. They froze and could not move. They became mute and unresponsive. They lost their memory and their capacity to feel. (p.20).

It is important to note the circumstances under which PTSD develops and the wide array of possible symptoms or responses to trauma. Knowledge gained about PTSD during WWI helped shape military policy in WWII. During the 1940's, books and articles on the effects of trauma were written to assist those working with veterans and civilian war victims (Grinker & Spiegel, 1945; Kardiner, 1941; Ross, 1941; Sargant & Slater, 1941; Torrie, 1944). These authors wrote about the reality of traumatic amnesia and listed numerous examples of its occurrence.

The following case illustrates the type of examples these writers used to substantiate their conclusions regarding traumatic amnesia. This case example comes from Roy Grinker and John Spiegel's book, War Neuroses (1945). The authors noted that with this patient "there was spontaneous recovery from stupor and mutism, but the amnesia proved to be very persistent" (p.12). The patient was a radio operator who had been exposed to prolonged shelling. After nearly being injured by shrapnel, he developed intense anxiety. He was given morphine and moved to a hospital where he awoke in a stuporous condition. Gradually, the man came out of the stupor and spontaneously regained his hearing and speech. However, "the patient had no memory of his battle experience or of his past life" (p.13). Later, the man spontaneously recovered part of his battle experiences and some memories of his home, but there were clear gaps in his recall ability. "During the next five days, he made persistent attempts to recall the missing parts of his experience, but, whenever he tried to think about it, developed severe headaches and dizziness" (p.13). In order to aid the patient's recovery, narcotherapy was employed. By this means, the patient was able to regain the missing parts of his memory. He experienced great anxiety during this time and for several days afterward. Eventually, his anxiety disappeared and he recovered quickly.

There are numerous examples of this type in which various combinations of symptoms may be present. It is evident from the trauma literature of this era that traumatic amnesia was a well accepted fact. The treatment of choice for traumatic amnesia at this time was hypnotherapy or narcotherapy. It is interesting to note that in the present recovered memory debate, these are the treatment methods that are being strongly challenged as "questionable" and as resulting in FMS (Ofshe & Watters, 1994; Wakefield & Underwager, 1992; Yapko, 1994).

In the book War Stress and Neurotic Illness (1941), Abram Kardiner wrote about the role of amnesia in "traumatic neurosis".

> . . : either the patient has a complete amnesia for the trauma, the amnesia extending over the posttraumatic and but rarely over the pretraumatic period, or else that the trauma is remembered with many of the details missing, but with the appropriate affect either completely absent . . . or not associated with the trauma at all. There is reluctance to think of the trauma or of anything that resembles it . . . This amnesia is a crucial symptom. It indicates not merely that certain events of the past were painful but that the effects of the trauma persist in the form of an altered ego organization. The proof of this hypothesis is suggested by the fact that when the pretraumatic ego organization is restored, the amnesia lifts . . . (p. 201)

It is interesting to note Kardiner's emphasis on the restoration of pretraumatic ego organization as a prerequisite for remembering trauma. This seems like a reasonable conclusion for Kardiner whose patients were adults traumatized as adults. However, what is the effect of trauma on memory for a child whose sense of self is not fully developed? In her book, Too Scared To Cry, Lenore Terr (1990) reports the results of a study in which she compared the trauma charts of 23 preschool children. These children and their families had been clients of Dr. Terr. Their files included outside documentation ("photos, police reports, confessions, bystander statements, or detective records") of the traumatic events experienced by the children (p. 180). One of the more interesting findings of this study was the significance of the type and the duration of the trauma with regard to memory.

> Short, single events were by far the best remembered . . . It appears that sudden, fast events completely overcome any defenses that a small child can muster. Long-standing events, on the other hand, stimulate defensive operations - - denial, splitting, self-anesthesia, and dissociation. These defenses interfere with memory formation, storage, and retrieval. When the defenses are completely overrun by one sudden, unanticipated terror, brilliant, overly clear verbal memories are the result. On the other hand, when the defenses are set up in advance in order to deal with terrors the child knows to be coming, blurry, partial, or absent verbal memories are retained. The child may develop blanket amnesia for certain years of the past. (p. 182-183)

Terr gives several examples of children who were victims of longstanding trauma. Their impaired ability to recount their experiences demonstrates clearly the potential effects of trauma on a child's memory. Examples of adults experiencing traumatic amnesia for childhood trauma and later recovering memories of their abuse abound in the sexual abuse literature (Bass & Davis, 1988; Eyre, 1991; Fredickson, 1992; Freyd, 1993; Gelinas, 1983; Martinez-Taboas, 1996; Russell, 1995; Sachs & Peterson, 1994; Terr, 1994; Viederman, 1995). However, the type of documentation of traumatic events available in the war literature and with Terr's study is often unavailable with these accounts. Nevertheless, there are often other kinds of evidence that give credibility to recovered memories of abuse. For example, Gelinas (1983) relates a case study in which a 19 year old woman was hospitalized because she was clinically depressed and suicidal. She had been married six months. The couple had never been able to have intercourse because of her anxiety attacks. The woman had no understanding as to the source of her panic and was unable to relate it to anything in her past. Several weeks after being hospitalized, she remembered two occasions at age 13 when her father forcibly raped her. Although she had always remembered the physical abuse that also occurred during these attacks (she had a scar where her father had cut her with a broken bottle on the inside of her thigh), she had no memory of the sexual abuse.

One of the aspects of this woman's experience that lends credibility to her story is her subsequent sexual difficulty. It is well documented in the sexual abuse literature that sexual problems are one of the possible long-term negative effects of childhood sexual abuse (Finkelhor & Browne, 1985). This type of evidence gives support to the validity of recovered memories of sexual abuse. These few examples of traumatic amnesia and of the recovery of memories also give the reader a sense of the kind of case studies that have been conducted and of the evidence used to support the research conclusions.

In addition to case studies in the literature, more formal research has been conducted to investigate the recovered memory phenomenon. Herman and Schatzow (1987) did one of the first studies. It was a retrospective study with 53 women participating in short-term therapy groups for incest survivors. Sixty-four percent of the women reported some degree of amnesia for the abuse and 28 % reported severe memory deficits. "A relationship was observed between the age of onset, duration, and degree of violence of the abuse and the extent to which memory of the abuse had been repressed" (p.1). Women whose abuse had started or continued into adolescence, generally reported no memory deficits. Participants whose abuse began in latency and ended by early adolescence, generally reported mild to moderate memory deficits. Those reporting severe memory deficits were usually associated with abuse that began early in childhood and ended before adolescence.

A relationship was also observed between violent or sadistic abuse experiences and severe memory deficits. "Of the women categorized as having severe memory deficits, the majority (60%) eventually recalled experiences of violent abuse" (p. 5). In addition, 74% of the women in the study were able to obtain corroborating evidence that the abuse had occurred from an external source. Herman and Schatzow concluded from this study that Freud's concept of repression best explained these results.

Briere and Conte (1993) conducted another study with 450 adults from a clinical population with reported sexual abuse histories. Two hundred and sixty-seven (59.3%) of the participants reported that before their 18th birthday, there was some period of time in which they did not remember the abuse having occurred.

> Variables most predictive of abuse-related amnesia were greater current psychological symptoms, molestation at an early age, extended abuse, and variables reflecting especially violent abuse (e.g., victimization by multiple perpetrators, having been physically injured as a result of the abuse, victim fears of death if she or he disclosed the abuse to others) (p. 21).

Unlike Herman and Schatzow, Briere and Conte concluded that the results of their research were more consistent with theories about dissociation than with Freud's theory of repression.

Roesler and Wind (1994) conducted a study with 755 adults with a history of childhood sexual abuse. They used a questionnaire survey to explore the circumstances of participants' first disclosure of their abuse. One of the purposes of the study was to identify reasons why victims delayed telling someone about the abuse. Of the 755 participants, 228 women were incest victims. Within this latter group, 28.5% of the women volunteered the information that they had repressed memories of childhood abuse. "Those who reported repressed memories of the incest were more likely to have revealed to psychotherapists . . . They were also more likely to have a higher education level . . . The most common reasons for not telling were fear of safety, shame, and repression of memories." (p.333).

Feldman-Summers and Pope (1994) surveyed a national sample of psychologists and asked if they had been abused as children. Of the 330 psychologists who returned usable questionnaires, 79 reported having experienced some form of childhood abuse. Participants were also asked if they had ever forgotten all or some of the abuse and other details about this experience, such as, "when the period of forgetting began and ended" (p. 637). Of those reporting histories of childhood abuse, 32 (40.5%) disclosed that there was some period of time in which they had forgotten some or all of the abuse.

> The major findings were that (a) both sexual and nonsexual abuse were subject to periods of forgetting; (b) the most frequently reported factor related to recall was being in therapy; (c) approximately one-half of those who reported forgetting also reported corroboration of the abuse; and (d) reported forgetting was not related to gender or age of the respondent but was related to severity of the abuse (p. 636).

Loftus, Polonsky and Fullilove (1994) interviewed 105 women in outpatient treatment for substance abuse regarding their memories of childhood sexual abuse. Fifty-four percent identified themselves as having a history of childhood sexual abuse. Within this group, 81% reported that they had always remembered all or part of the abuse, while 19% stated that they had forgotten the abuse for a period of time and later remembered it. No differences were found between those who always remembered and those who partially or fully forgot "on measures of the numbers of abusers, the frequency of abuse, whether or not the abuse was incestuous, or whether or not the abuse was violent" (p. 79). These findings are in contrast to other studies that found a correlation particularly between violent abuse and partial or no recall of the abuse (Herman & Schatzow, 1987; Briere & Conte, 1993). Loftus, et al. note that this difference may be due to the fact that violence in this study is defined differently than in other studies.

In another study, Elliott and Briere (1995) explored certain aspects of delayed recall of childhood sexual abuse in a stratified random sample of the general population. A total of 505 people responded to the questionnaire that they received in the mail. Of these participants, 116 (23%) reported that they had been sexually abused as children. In the group with identified abuse histories, 42% (n=49) "reported a period of time prior to data collection in which they had less memory of the abuse than they did at the time of data collection, 23 of whom (20% of abused subjects) reported a period of time in which they had no memory of the abuse" (p. 635).

No demographic differences were found between the continuous recall and delayed recall groups. In particular, there was no significant difference in treatment status between these two groups. It was found that participants reporting delayed recall "were more likely to have been threatened by their perpetrator" and "to have perceived the abuse as more distressing" than participants in the continuous recall group (p. 640). Only one significant difference was found between participants reporting complete amnesia and those reporting partial amnesia. 'Subjects with complete amnesia tended to be younger at the onset of abuse than subjects with partial amnesia" (8.14 versus 10.52 years) (p. 636).

One of the strengths of this particular study is in the fact that participants were recruited from the general population as opposed to studies that use subjects from clinical populations. Therefore, the results of this study were not subject to the types of error and bias that may affect the findings of research using clinical samples.

Williams (1994 & 1995) conducted two prospective studies of women's memories of childhood sexual abuse. Most of the research in this area is retrospective and, therefore, limited by participants' abilities to remember events and by a general lack of external evidence that such events in fact occurred. Williams' studies were different in that the women participating in the research all had previously documented histories of childhood sexual victimization.

In the first study (Williams, 1994), 129 women were interviewed and asked about their abuse histories. These women (between ages 18 to 31) were selected for the study based on hospital records that documented their sexual victimization as children. Thirty-eight percent of the women did not remember the abuse that had been reported 17 years earlier. It is unlikely that this finding reflects only a reluctance to disclose sensitive and/or embarrassing personal matters. The interview questions included a measure of participants' willingness to divulge personal information and found no differences between those who recalled the abuse and those who did not.

It was also found that "women who were younger at the time of the abuse and those who were molested by someone they knew were more likely to have no recall of the abuse" (p. 1167). Critics have suggested that infantile amnesia may account for participants' inability to remember the abuse (Pope & Hudson, 1995; Loftus, Garry & Feldman, 1994). However, women who were between 4 and 6 years of age when the abuse occurred were just as likely to not remember it (62%) as were women in a younger age group (0-3 years old) at the time of the abuse. Fifty-five percent in the latter group did not remember the abuse. There were also high rates of no recall in the older age groups (7-10 years 31% and 11-12 years 26%). "These findings suggest that factors other than cognitive development and language acquisition (factors associated with the concept of infantile amnesia) play a role in forgetting" (p. 1171).

In addition, 5 of the 11 women (45%) in the 0-3 years of age group at the time of the abuse, did remember the abuse 17 years later. ". . . the notion that adults cannot recall abuse that occurred before age 3 was not supported by this study" (p. 1174). This suggests that "age-related, cognitive developmental theories are not sufficient explanation for memories of traumatic events" (p. 1174).

In the second study by Williams (1995), 129 women with documented histories of childhood sexual abuse were interviewed. Eighty women remembered the abuse that had occurred 17 years earlier. In this group, 16% reported that there was some period of time in the past in which they had forgotten the abuse. Women that had forgotten the abuse and later remembered "were younger at the time of abuse and were less likely to have received support from their mothers than the women who reported that they had always remembered their victimization" (p. 649). A comparison was made to assess accuracy between the women's accounts of the abuse and with the original reports made 17 years earlier. It was found that although some of the details may have been changed, the basic elements of the accounts were consistent with the original reports. This demonstrates that it is possible for adults to recover reasonably accurate memories of childhood abuse. It was also found that "the women who had recovered memories and those who had always remembered had the same number of discrepancies" (p. 649) when their accounts were compared to the original reports. This suggests that recovered memories can be as accurate as memories that have never been forgotten.

Williams' studies are particularly important because they were both prospective (as opposed to retrospective) and the abuse was documented. In addition, a clinical sample was not used and there was no evidence to suggest that recovering memories was influenced by therapy.

In conclusion, there is ample research to validate the existence of the delayed memory experience. However, the prevalence of this phenomenon is still a matter of fierce debate. In the aforementioned studies, percentages of those people having delayed memories of abuse range from 19% to 64% (Loftus, et al., 1993; Herman & Schatzow, 1987). Despite this controversy and the limitations of the research methodology, it is clear that a significant number of people have experienced this phenomenon. Elliott and Briere (1995) note that this finding has been replicated "across various research paradigms and populations" which suggests that "reports of delayed recall of childhood sexual abuse experiences represent a real phenomenon, albeit one that is imperfectly understood" (p. 630).

One of the limitations with the research that has been conducted is that although the existence of the delayed memory phenomenon has been demonstrated, the mechanism by which this experience occurs is not fully understood and is difficult to explore. The second part of this literature review focuses on theories that have been developed to explain how and why traumatic memories can be "lost" and later recovered.

Section II

This section reviews theoretical models of traumatic amnesia and the recovery of traumatic memories. It is divided into four parts. The first part reviews briefly Freud and Janet's theories of repression and dissociation. Most contemporary models have their origins in these early works. The second part focuses on clinical models, which includes a discussion of Hilgard's neodissociation theory and the BASK model of dissociation. Cognitive theories are explored in the third part with a focus on the contributions of schema and Parallel Distributed Processing theories. The last part discusses neurophysiological theories, which emphasize the significance of the development of brain structures and neurochemical reactions to trauma.

A discussion of the effects of trauma on memory is complex and spans a large body of knowledge. However, the essential feature of all of these models is that they theorize concerning the mechanism(s) by which traumatic memories are lost and recovered.

Early Theories

Over 100 years ago, Freud and Janet proposed theories concerning the mechanism by which their patients' traumatic memories could be inaccessible to conscious thought. Freud's theory of repression suggested that individuals actively push out of consciousness unacceptable drives, urges, experiences and memories in order to avoid psychic pain and to permit adaptive functioning of the ego. He believed that this burying of unacceptable material in the unconscious consumes significant psychic energy because that which is repressed is always pushing its way toward consciousness. According to Freud, repressed material manifests in the form of hysterical symptomology. The cure for hysteria is to establish a conscious connection between the symptoms and their repressed sources. Thus, the cornerstone of psychoanalysis is to make the unconscious conscious (Reviere, 1996; Whitfield, 1995).

Janet proposed a different mechanism to account for hysterical symptomology. He believed that the concept of dissociation best explained the effects of traumatic experiences on the psyche (Putman, 1989; van der Hart & Horst, 1989; van der Kolk & van der Hart, 1991). For Janet, dissociation is the means by which the weakened ego defends itself against the overwhelming nature of trauma. Ordinary experiences are integrated into conscious experience via existing cognitive schemata. However, the individual may not be able to integrate traumatic experiences in this way. Thus, "memories of these experiences then can be split off from conscious awareness and voluntary control, and fragments of unintegrated events may later show up as pathological automatisms" (van der Kolk & van der Hart, 1989, p. 1532). He proposed that dissociative responses to trauma cause a fragmentation of the normal ego and results in separate states of consciousness or "divisions of consciousness" that exist side by side often with amnesic barriers between them (Reviere, 1996). These separate states of consciousness contain and are organized around traumatic memories, which Janet referred to as "subconscious fixed ideas". These fixed ideas organize cognitive, affective, and visceral elements of the traumatic memory while simultaneously keeping them out of conscious awareness" (van der Kolk & van der Hart, 1989, p. 1532). For Janet, resolution of symptoms in part required accessing the traumatic memories through hypnosis and integrating them into the individual's personal narrative (van der Hart, Brown & van der Kolk, 1989).

Clinical Theories

Based on Janet's and Freud's theories of dissociation and repression, several contemporary clinical models have been developed. The DSM-IV (1994) describes the "essential feature" of dissociative disorders as being "a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment" (p. 477).

Hilgard first proposed his neodissociation theory in 1973, which helped revive interest in this area (Enns, McNeilly & Gilbert, 1995). Neodissociation theory evolved as an explanation of the "hidden observer" phenomenon (Hilgard, 1994). In his experience with hypnosis, Hilgard discovered that it was possible for some hypnotized subjects to be unaware of certain types of sensory information (e.g., auditory) and yet, the information was attended to and stored in memory in some way by the subject. Hilgard found that under the appropriate circumstances, these subjects were able to access and talk about this information that had been unavailable to them while hypnotized. He used the metaphor of a "hidden observer" as a "label for the information source capable of a high level of cognitive functioning, not consciously experienced by the hypnotized person" (Hilgard, 1994, p. 36). Hilgard conceptualized the hidden observer phenomenon as "evidence of a split in consciousness between the overt (conscious) level and the covert (subconscious) level, and hence as evidence of dissociative processes" (p. 37).

Hilgard's (1994) neodissociation theory is based on three assumptions. First, separate cognitive systems exist and generally function and interact in an integrated manner. Under special circumstances, however, they may operate in isolation from each other. Second, these cognitive systems are controlled in a hierarchical manner in that one can dominate for a particular period of time and then be succeeded by another system. Third, there is "some sort of overarching monitoring and controlling structure" that "plans, monitors, and manages" the functions of all the cognitive systems combined (p. 38-39). Hilgard's model defines dissociation in terms consistent with cognitive theories (Enns, McNeilly & Gilbert, 1995).

Braun (1988) proposed the BASK model of dissociation. In this model, dissociation occurs at the extreme end of an awareness continuum that ranges from full awareness through suppression, denial, repression and finally dissociation. Braun describes dissociation as "the separation of an idea or thought process from the main stream of consciousness" (p. 5). The letters of the word "BASK" stand for four types of awareness at which this separation can occur, namely behavior, affect, sensation, and knowledge. Behavior refers to the events that occurred, i.e. how people behaved. Affect refers to the feelings involved. Sensation refers to physical sensations, which includes how events are perceived. Knowledge refers to the ability to process what has happened (Ray, 1994). These four aspects of awareness can become dissociated from the main stream of consciousness singularly or in any possible combination. An example of this and one of the most common patterns found with survivors of CSA is for the individual to have cognitive knowledge of the abuse (e.g., the fact of the abuse has always been remembered), but the emotions are dissociated from the event (Whitfield, 1995).

Kilstrom and Hoyt suggest that repression and dissociation are similar in that they keep parts of an individual's experience from conscious awareness, but they operate differently (Enns, McNeilly & Gilbert, 1995). These authors talk about repression in terms of a "horizontal split" or separation of unconscious material from consciousness. The horizontal separation represents a "pushing down" or "burying" of unwanted or threatening material. Conversely, dissociation can be thought of as a "vertical split" or separation of different states of consciousness that are discrete and exist side by side. Kilstrom and Hoyt suggest that repression and dissociation may function together, which offers a more comprehensive explanation of different types of traumatic amnesia (Enns, McNeilly & Gilbert, 1995).

Cognitive Theories

"Cognitive models of memory loss and dissociation focus on problems related to perceptual disturbances and the processing of information related to trauma" (Enns at al., 1995, p. 219). Developmental research has contributed to our understanding of the development of cognitive processes in children. This research has focused on the significance of language acquisition, neural development, social learning, personal significance of events, and the development of a sense of self (Goodman et al., 1994; Hewitt, 1994; Howe, Courage & Peterson, 1994; Nelson, 1993; Pillemer & White, 1989; Sugar, 1992; Usher & Neisser, 1993). Results of this research suggest that adult episodic memory for events prior to age 3 is unlikely and episodic memory for events between ages 3 to 4 is often incomplete and sparse. However, events that are personally significant (i.e., painful, embarrassing) may be remembered in adulthood even if they occurred at age 2.

Other research of young children's memories has demonstrated "sophisticated memory abilities in infants and children who appear capable of organizing, sequencing, and retaining memories from the earliest months of life" (Reviere, 1996, p. 44). However, there is great debate over these latter studies as to the type of memory that is being demonstrated in infants and young children (i.e., procedural versus episodic).

In Terr's study (1988 & 1990) of young children's memories, she found that most of the children (ages 6 months to 4 years at the time of the trauma) had some form of memory for the trauma. The types of memory included verbal (full and partial), visual images, feelings (e.g., trauma specific fears), behaviors (e.g., post-traumatic play and/or reenactments) and personality changes.

In Reviere's (1996) review of the developmental literature, she concludes the following about distortions in young children's memories.

> . . . The distortions found in the memories left the essence intact and were related primarily to verbal memory. Even with often successful

> attempts to inculcate misinformation, children's memories for real events (queried by both free recall and misleading, suggestive questioning) most often yielded accuracy for essence, particularly when attempts were made to insert abuse or trauma-related misinformation (Goodman et al., 1990; Goodman, Hirschman, Hepps & Rudy, 1991; Ornstein et al., 1992) (Reviere, 1996, p. 45).

A number of theorists have used schema theory to explain the effects of trauma on memory. Horowitz proposed that traumatic experiences are not readily integrated into the individual's existing schemata of the self, others and the world. Trauma is radically different from the experiences out of which these fundamental schemas are formed. Therefore, traumatic experiences remain in active memory and are not transferred to long-term storage until this integration is accomplished. In active memory, traumatic events are rehearsed on a continual basis, which accounts for the intrusive images, thoughts and intense emotions reported by trauma victims. This repetitive phase is followed by denial and numbing which are defense mechanisms that prevent the individual from being overwhelmed (McCann & Pearlman, 1990).

Janoff-Bulman (1985) expanded the notion that traumatic experiences challenge existing schemata, particularly those about the self and the world. Trauma shatters fundamental assumptions, namely, "the belief in personal invulnerability, the perception of the world as meaningful, and the perception of oneself as positive" (Janoff-Bulman, 1985, p. 15). McCann, Sakheim, and Abrahamson (1988) also proposed a model that outlines the effects of traumatic experiences on cognitive schemata "within the areas of safety, trust, power, esteem and intimacy" (p. 531).

Within these models, recovery is the process of reconciling traumatic experiences with the fundamental schemata by which we function in the world (McCann & Pearlman, 1990). However, until this integration occurs, traumatic experiences pose a serious threat to the ways in which we organize and make sense of ourselves and the world. Because of this threat, integration of traumatic experiences is defended against, consciously and unconsciously. Denial and numbing are an attempt to protect the integrity of the processing system by containing the impact of trauma. However, these defenses affect the individual's memory of the traumatic event(s) and/or certain aspects of it may be unavailable.

Another cognitive model that has been used to explain dissociative processes is parallel distributed processing (PDP) (Reviere, 1996; Spiegel et al., 1993). In comparison to schema theory which is concept driven (top-down processing), PDP theory is data-driven (bottom-up processing). PDP theory suggests that cognitive processing consists of complex neural networks that process incoming sensory input individually and in parallel. In addition, there is a sharing of information between each system. Spiegel et al. (1993) use the example of word recognition to illustrate how these systems work individually as well as in an integrated fashion.

> Thus, for word recognition during natural speech to proceed efficiently, feature analysis (detection of phonemes), lexical semantic meaning,

> syntax, and pragmatics all need to operate simultaneously in parallel, sharing the results of each level of processing with each other (Spiegel et al., p.).

In addition to operating in parallel and sharing information, these systems are arranged hierarchically in that subsystems may operate within supraordinate networks. These supraordinate networks also operate in a parallel manner while accessing a central processor sequentially. The analogy of a computer's central processing unit has been used to explain how active consciousness integrates the activity of all the processing networks (Reviere, 1996). In PDP theory, memories are conceptualized as particular activation patterns spread across the networks.

Thus both initial encoding as well as memory retrieval involve a cue that reinstates a net activation pattern, or a schema. The effects of trauma on such a system, then, are far-reaching. First, trauma may disrupt the integration necessary to unified functioning of the complex networks. Particularly, repeated traumatic events may result in a disruption in network (i.e., schema) formation, resulting in discrete, isolated pathways unintegrated and unconnected by a unified consciousness. The intensity of emotional arousal may contribute to strong, exclusive bonds within a trauma network that further contribute to its isolation (Reviere, 1996, p. 79-80).

Schema and PDP theories combined offer a relatively comprehensive explanation of the complexity involved in memory. They also aid our understanding of dissociative processes.

Neurophysiological Theories

Neurophysiological models of the effects of trauma on memory focus mainly on the development of mental processes and neurochemical reactions to trauma (Reviere, 1996). The relative maturity of particular brain structures affect the ways in which memories are encoded, stored and retrieved. Van der Kolk (1994) notes that the limbic system plays a major role in emotions and behavior related to self-preservation, as well as, in the consolidation and retrieval of memories. The hippocampus is part of the limbic system and is not fully myelinated until after age 3 or 4. The hippocampus "records in memory the spatial and temporal dimensions of experiences" (van der Kolk & Saporta, 1991, p. 204). In contrast, the amygdala (also part of the lymbic system) is associated with the attachment of emotional meaning or significance to sensory information. This memory system matures much earlier than the hippocampus.

> Thus, in the first few years of life only the quality of events, but not their context can be remembered. Even after that, the hippocampal localization system remains vulnerable to disruption: severe or prolonged stress can suppress hippocampal functioning, creating context-free fearful associations, which are hard to locate in space and time. This results in amnesia for the specifics of traumatic experiences, but not the feelings associated with them (Sapolsky, Krey & McEwen, 1984). These experiences then may be encoded on a sensorimotor level without proper localization in space and time. They therefore cannot be easily translated into the symbolic language necessary for linguistic retrieval (van der Kolk & Saporta, 1991, p. 204).

Even after the lymbic system is fully matured, its functioning with regard to memory can be severely disrupted by trauma. Van der Kolk (1988) notes that under severe stress, "people revert to earlier modes of representation" (p. 282). Traumatic experiences that cannot be assimilated into existing schemata are left "to be organized on a sensorimotor or iconic level - as horrific images, visceral sensations, or as fight/flight/freeze reactions" (p. 282). When the amygdala is stimulated excessively by trauma, it inhibits the functioning of the hippocampus (van der Kolk, 1994). Thus, "the emotional impact of the event may interfere with the capacity to capture the experience in words or symbols" (p. 258).

One of the paradoxes of PTSD is that hypermnesia and amnesia for traumatic events are both possible symptoms. An individual can experience intrusive memories of the trauma, particularly in the form of flashbacks, nightmares, and somatic reactions. With posttraumatic memories, the person relives the traumatic experience. This is hypermnesia and is sometimes described as a kind of supermemory because the traumatic memories are "fixed in the mind and are not altered by the passage of time or the intervention of subsequent experience" (van der Kolk, 1993, p. 226). Conversely, partial or total amnesia for traumatic experiences is also a well-documented symptom of PTSD (Bremner, at al., 1992; Cardena & Spiegel, 1993; Carlson & Rosser-Hogan, 1991; Koopman, Classen & Spiegel, 1994; Loewenstein & Putnam, 1988; Marmar, et al.,1994; Spiegel, Hunt & Dondershine, 1988; Terr, 1994; Williams, 1995). Hypermnesia and amnesia represent two extremes in information processing. Can it be explained from a physiological perspective how trauma can result in supermemory for some individuals and amnesia for others? Even more relevant for this study, how is it possible for an individual to have amnesia for trauma and later experience hypermnesia for the same event(s)?

One of the hallmarks of PTSD is the biphasic trauma response which consists of intrusive features (e.g., flashbacks, panic attacks, and hyperarousal) alternating with a numbing response (e.g., anhedonia and dissociative states) (van der Kolk, 1985; van der Kolk & Saporta, 1991). Based on research with animals and humans, the biphasic trauma response is thought to be biologically based. It has been found that "under severe stress, there is first a secretion, and a subsequent depletion of a variety of neurotransmitters, presumably because utilization exceeds synthesis (Anisman et al., 1981)" (van der Kolk, 1988, p. 276). The result of prolonged stress is chronic hypersensitivity to subsequent stressors. Neurochemicals are directly involved with memory consolidation and retrieval and their release and depletion dramatically affects these processes.

The interaction of brain structures and neurochemicals is quite complex. Research suggests that this interaction affects memory as "an inverted-U-shaped dose-response curve" (Reviere, 1996, p. 90). For example, a depletion of or exceedingly high levels of noradrenergic substances may inhibit memory consolidation resulting in amnesia while optimal levels may enhance memory.

The latter can result in an over consolidation (supermemory) of traumatic memories and may account for intrusive remembering. Thus, "effects on memory then may vary with the phases of the biochemical trauma response" . . . (Reviere, 1996, p. 91).

This explanation addresses in part how extremes in information processing may occur at a physiological level. The next issue is how these extremes interact with each other which is the focus of this study, namely, amnesia for traumatic events followed by intrusive remembering at a later time. The release of neurochemicals in response to abuse trauma affects the ways in which memories are consolidated and retrieved. Abuse trauma may also lead to long-term changes at a physiological level that may inhibit or enhance memory retrieval under various circumstances (Bremner at al., 1993; Bremner et al., 1996; Pitman, 1989). As a result of this, the return of traumatic memories may be a function of state-dependent-recall.

> State-dependent-recall refers to facilitation of memory retrieval by an affective state that is similar to the state at the time of encoding . . . In a life free of major stressors, extreme fear or sadness rarely occurs and thus would not typically represent a state-dependent cue for recall. However, if these strong emotions were to recur, they could facilitate recall of apparently forgotten childhood abuse (Bremner et al., 1996, p.79).

At a biological level, it is possible that neuronal networks are established specific to traumatic experiences and are only reactivated as a result of physiological arousal. This process may be extremely complex in that neuronal "pathways and activation patterns may be highly specific, resulting in an isolation or dissociation of the trauma network from other contents of memory, and retrievable only with distinct cues (Khan, 1986; Waites, 1993)" (Reviere, 1996, p. 94).

Another possible explanation is noted by Bremner et al. (1996). It is hypothesized that "the hippocampus and adjacent cortices" function together to integrate information from "multiple sensory cortices into a single memory at the time of retrieval" (Bremner et al., 1996, p. 78). A disruption of this integrative function as a result of trauma may account for the often fragmentary nature of traumatic memories.

In conclusion, the occurrence of traumatic amnesia is well documented in literature (Bremner, et al., 1992; Cardena & Spiegel, 1993; Carlson & Rossen-Hogan, 1991; Koopman, Classen & Spiegel, 1994; Loewenstein & Putman, 1988; Marmar, et al., 1994; Spiegel, Hunt & Dondershine, 1988; Terr, 1994; Williams, 1995) despite the claims of some critics (Garry & Loftus, 1994; Ofshe & Watters, 1994; Pope & Hudson, 1995; Wakefield & Underwager, 1992; Yapko, 1994;). Various theories have been proposed by several disciplines to help explain the mechanism(s) by which traumatic memories of abuse can be lost and later recovered. However, despite the controversy concerning "how" this happens, it is clear that when memories of trauma resurface it is a disorienting and anxiety producing experience (Fredrickson, 1992; Geninas, 1983; Herman, 1992;

Sachs & Peterson, 1994; Terr, 1994). The purpose of this study is to further explore this experience from a phenomenological perspective.

Chapter III

Methodology

This study explores the experience of remembering CSA as an adult female, when the individual previously had no conscious access to these memories. It is explored using the principles of empirical phenomenology. For the purposes of this study, "returning memories" means explicit memories of CSA. There is an additional focus on identifying what was helpful or not helpful for participants, while going through the remembering process and on changes that have occurred in their lives after this experience.

The objective of qualitative investigation is to gain an increased understanding of human experience. My goal was to discover and write about the internal structure of this experience in such a way that it enables the reader to view the remembering experience from the participants' perspective. Given this purpose, a phenomenological methodology was used.

Phenomenology as a philosophy emphasizes the importance of understanding humans by exploring "lived experience" (van Manen, 1990). Lived experience refers to our experience of the world through our senses and what this experience means. An exploration of human experience illuminates its meaning, which constitutes the structure of the phenomenon. One of the basic assumptions of phenomenology is that there is a structure or essence within shared human experience (Patton, 1990).

"Phenomenological methodology is more of an orientation than a specific method. The particular procedure used in any study depends upon the question being posed" (Osborne, 1990). The choices regarding particular procedures for data collection and analysis in this study were made on the basis of the purpose of the research, which includes a greater understanding of the remembering experience from participants' perspectives, the audience for which the research is intended and the ways in which this information may be used. The methodological paradigm that informed the strategies that were used is empirical phenomenology. In particular, the Colaizzi (1979) analysis strategy was chosen and followed in principle.

The emphasis in empirical phenomenology is on exploring the structure of experience, which is revealed through meaning. A descriptive approach is used to communicate the meaning of experience from the perspective of the participants. The data analysis is sensitive to the participants' interpretation of their experience and seeks to use participants' own words in describing the phenomenon. There is additional emphasis on systemic thematic analysis that involves a progression from the raw data to higher levels of abstraction or meaning. This is done in such a manner as to ensure a strong connection between the raw data and the final description of the thematic structure of the experience (Colaizzi, 1978; Giorgi, 1975; Osborne, 1990).

Participant Selection

Participants were selected by means of purposive sampling. This type of sampling is "intended to maximize the range of information uncovered" (Guba, 1981, p. 86). All six participants were solicited through the help of different therapists working with adult survivors of childhood sexual abuse. Three of the therapists are in private practice and the three remaining psychologists were contacted via two other clinics that provide services for clients with a wide range of personal issues.

The following criteria were used to determine eligibility. (1) Participants had to be adult females. Adult males abused as children can also experience the loss and later recovery of abuse memories. However, I chose to explore only the remembering experience of adult females. (2) Participants had to have had the experience of remembering CSA after a period of not remembering it. (3) Participants had to be willing and ready to talk about their experience. Willingness to talk about their experience was evidenced by the women's desire to participate in the study. "Readiness" addresses another matter. In the process of remembering and recounting traumatic events, it is possible for a person to be retraumatized. For this reason, participants needed to have processed and integrated their experiences to such a degree that the probability of retraumatization was minimized. Readiness was determined by discussing the issue with each referring therapist and with each participant.

Participants

Six adult females participated in the study. All of the women are Canadians ranging in age from 22 to 39. Ethnic background included Dutch, German and British heritage. At the time of the study, four of the women were married, three of who had children. Two were single and had no children. Four participants had obtained or were in the process of finishing post-secondary degrees. Two had obtained high school diplomas.

Procedure

Respondents participated in a series of interviews. The interviews were of three types: a screening interview, data gathering, and respondent validation. I conducted all the interviews. The initial screening interview was done by phone. Potential participants were informed about the purpose of the research project, potential benefits and risks, and confidentiality (see Appendix B). These women were asked about their desire and readiness to participate and their questions about the study were answered. Participant eligibility was determined by using the aforementioned criteria. If all the criteria were met, a date, time and place were scheduled for the second interview.

The purpose of the second interview was data collection and each participant was interviewed individually. All interviews were tape recorded and transcribed. First, participants were given a written description of the project (see Appendix A) and then, written informed consent and demographic information were obtained (see Appendix B). The interview began with the following introduction.

> "The purpose of the project is to explore people's experience of recovering memories of childhood sexual abuse when they had no previous memory of such events. Perhaps the easiest way to do this is to retrace the path of your experience starting with your first awareness of having been sexually abused as a child. You may want to talk about events, thoughts, feelings and people that seem significant in your experience. How did the process of remembering begin for you?"

As participants described WHAT happened, prompts were made to elucidate HOW things came about and how participants were effected. The subsequent interview format had a minimal amount of structure (see Appendix A). Questions were open ended in order to allow the women to talk about their experience in a spontaneous manner. Participants were asked to describe their experience of remembering their sexual abuse. After an initial description was given, the women were asked to clarify parts of their stories and/or to elaborate on various aspects of their experience that had not been explored spontaneously. Open-ended questions were then asked about what was helpful and/or not helpful while going through the remembering experience. The women were also asked what difference, if any, had this experience made in their lives. Participants' answers to these questions were also followed by clarification and exploration.

Each interview lasted approximately two hours.

In the third interview, participants were presented with an outline of the analysis and were given the opportunity to comment on the appropriateness of the interpretation (themes) of their experience (see Appendix C). Participants were also asked to comment concerning the relative significance of the themes and their interrelatedness. The goal of the third interview was to ensure that the interpretation of the data accurately reflected participants' experience.

Data Analysis

> In order to capture participants "in their own term" one must learn their categories for rendering explicable and coherent the flux of raw reality. That, indeed, is the first principle of qualitative analysis (Lofland as cited in Patton, 1990, p. 24).

Immersion in the data is a necessity in order to accomplish Lofland's "first principle." For this reason, each participant's interview transcript was read and reread in order to become immersed in the women's terminology and descriptions of their experiences.

The interview text was divided into meaning units (paragraphs). Relevant themes for each unit were identified. This was accomplished by organizing the data in table form that consisted of three columns. The following example illustrates this process.

Statement	Psychological Paraphrase	Theme
. . . I would remember things like the floor, the ceiling, him having his hands over my face, kissing me, seeing, I am seeing him & it was sort of all in bits & pieces . . .	Remembering the abuse in bits and pieces.	Remembering pieces

All of the interview transcripts were analyzed in this manner. The end result of this was a list of themes. All meaning units had been numbered chronologically so that they could be located easily. The list of themes also contained a list of the numbers of the meaning units in which they were found. The following example illustrates this.

Theme	unit location numbers
seeing images	121, 218, 219, 315, 316, (etc.)

This was done for the purpose of sorting the parts of the original text that contained common themes. It also showed how many times a particular theme was talked about which could have several meanings. For example, if a theme was talked about many time by most or all of the participants, it could mean that the theme was a major part of the experience or that it was something that was easy to talk about.

It was my intention in developing the list of themes and their location to use this to sort the pieces of the original text thematically in order to explore relationships between the themes. However, when this was done, the themes and the pieces of text were too far removed from the larger context from which they were taken. Their meanings with regard to the whole process and with each other was obscured.

Therefore, in order to keep the themes in the larger context from with they emerged, the original interview texts were divided up according to the answers given to the three general questions that had been asked. The parts of the text that dealt with the experience of remembering was divided up into two sections e.g. the time leading up to the first memory and remembering the abuse. Each of the four sections within each individual interview was considered as a whole. For example, the portions of the text in which the participant talked about changes in her life since remembering her abuse were grouped together. The original division of the text into meaning units made this latter type of sorting much easier. Significant statements were identified and paraphrased from these larger portions of collected text. The following example illustrates this.

Significant statements
"... I got my will back & I got my boundaries back so I could say no. And now I operate out of more of who I am, I know who I am. ... I used to operate under trying to figure out what feeling that person is feeling & try to fix them or try to help them. And so all my friendships were kind of based on that. ... But now I can say to people, "I didn't appreciate when you did that." Or decide not to be their friend. I'm way more aware of what my boundaries are. And when people step over them, I let them know."

Psychological paraphrase
Since remembering, she is more self-aware and assertive in her relationships. Got her will & boundaries back so she could say "no". Friendships used to be based on others feelings and needs. She now knows who she is and operates out of her own identity.

Themes were identified in the same manner as described in the first example. These themes were listed and them clusters were identified and a short summary paragraph was written. This was done for each of the individual interviews. The them and theme clusters were pooled from all of the interviews and common patterns and relationships were explored. After the pooled themes and their interrelatedness were identified, an outline was formulated for writing the results. The results of the data analysis are in outline form in Appendix C.

The final outline was compared to the first list of themes. It is possible that in placing the pieces of text back into the context of the whole, I might have missed something that had been identified in the original organization of the data. The results of this comparison showed that this was not the case. In addition, what may not be evident in this description of the data analysis process is the constant movement back and forth between the evolving thematic structure and the raw data that was an integral part of the progression toward higher levels of abstraction. This was done in order to maintain a strong connection with the participants' descriptions of their experiences. The strong connection between participants' descriptions and the themes is clearly evident in the Results chapter.

After this process was complete, participants were asked to review a detailed outline of the results (see Appendix C). The women were also given a copy of the text of the Results chapter. They were asked to review the parts in which they were mentioned and to contact me if any changes were needed. Their feedback was extremely positive. The women conveyed their surprise and pleasure that their experiences had been reported in a thorough and accurate manner. Several changes were requested that involved clarifying factual elements of their stories.

Colleagues were also asked to review the results outline and chapter. Their responses were positive and helpful. The feedback enabled me to increase the clarity of the text. For example, the "setting the stage" heading in the results chapter was used in a confusing way in the first draft. This was changed after the confusion was noted. Most of my colleagues work with adult survivors and their excitement about my research was encouraging. The most common and most rewarding response was when a colleague had read the text and then would ask when the project would be completed because she had clients going through this experience and wanted to be able to give the clients a copy of my text because she believed that it would be helpful to them.

In summary, this process followed Colaizzi's (1978) analysis strategy in principle. There was a step-by-step progression from raw data to progressively higher levels of abstraction that ended in the articulation of a thematic structure. This began with immersion in the raw data, organizing the text into meaning units, identifying significant statements and on to identifying themes and theme clusters. The themes and theme clusters were taken back to the interview texts throughout the process to ensure that all significant aspects of the experience had been identified. The themes and theme clusters were pooled from all six interviews and the thematic structure of the remembering experience was identified and outlined. The last part of the process was checking with participants to ensure that the thematic structure accurately and thoroughly represented their experiences.

Data Trustworthiness

> Trustworthiness (the qualitative researcher's alternative to validity) is the truth value of a piece of research. Qualitative research is trustworthy when it reflects the reality and the ideas of the participants (Holloway, 1997, p. 160).

Patton (1990) identifies three areas in the form of questions that need to be addressed when evaluating the credibility of qualitative research.

> (1) What techniques and methods were used to ensure the integrity, validity, and accuracy of the findings? (2) What does the researcher bring to the study in terms of qualifications, experience, and perspective? (3) What paradigm orientation and assumptions undergird the study? (p. 461).

The concept of trustworthiness and Patton's three questions for assessing credibility represent general principles for evaluating qualitative research. However, Osborne (1990) outlines criteria of evaluation that apply specifically to phenomenological research. These strategies include the following.

1. The bracketing of the researcher's prior assumptions regarding the phenomenon.

2. A thorough description of the steps of data collection and analysis, which may include providing examples of various stages of the analysis.
3. Checking with participants to ensure that the researcher's interpretations are true to participants' experiences.
4. Providing persuasive arguments to support the interpretation of the data.
5. The extent to which the interpreted structure of the experience fits with those who have experienced the phenomenon, but were not part of the study.

Given these general and specific principles for evaluating this study, some of these areas have already been discussed and therefore, will be noted briefly in this section. With regard to techniques and methods, open-ended questions were asked in the interviews to encourage spontaneity of participants' responses and leading comments were avoided. The data collection interviews were all tape recorded and transcribed to ensure accuracy. Immersion in the data enabled me to become familiar with participants' terminology and with the significance and meaning they attributed to their experiences.

The data analysis strategy discussed in the previous section promoted a high level of internal consistency between the emergent thematic structure and the raw data. A third interview was conducted to review the findings with participants. This was done to ensure that the results accurately reflected participants' experiences and to include any relevant information not given in the second interview. I also shared my ideas and writing with colleagues that have done qualitative research, some of who also work with adult survivors. I received helpful feedback from them, in addition to that given by committee members. This practice enabled me to maintain a broader perspective.

Detailed descriptions were obtained from participants concerning their experiences. Extensive quotes and detailed descriptions of the data were used to provide a comprehensive and accurate analysis of the phenomenon. This facilitates a more complete understanding of the remembering experience and clearly demonstrates the connection between the data and the results.

Colaizzi's methodology for data analysis does not require an audit trail. However, an audit trail is included in Appendix D so that the reader can understand how major decisions were made in the study, particularly during the data analysis, and can follow the path of events.

Researcher credibility is significant in that the researcher is a research instrument and should provide information about him/herself so that it can be seen that s/he has sufficient knowledge of and experience with qualitative methods (Patton, 1990). Before undertaking this study, I completed a university graduate level course in qualitative research. In addition to studying the philosophical and theoretical basis of qualitative research, a phenomenological research project was successfully completed as part of the course requirement. This course helped to increase my skills in conducting research using a qualitative paradigm.

With qualitative research, there is always the element of researcher bias that must be addressed. In this particular study, there was the potential for bias on my partly because I am a therapist working with childhood abuse survivors. In addition, the topic of recovering memories of CSA evokes strong emotional responses from those involved in the debate and the impact on professionals working in the area has been great. In addition to peer debriefing, member checks, and an audit trail, the following things were also done to address and/or minimize researcher bias.

The process of bracketing was used to identify and suspend my beliefs about the experience of remembering CSA. "Bracketing . . . describes the act of suspending one's various beliefs in the reality of the natural world in order to study the essential structures of the world" (van Manen, 1990, p. 175). Beliefs that I had concerning this phenomenon were largely a product of my experience with clients going through this process and with colleagues experiences with their clients. I had also done some reading about the topic. The following beliefs were bracketed.

1. The process of remembering abuse that has previously been blocked from memory is experienced as traumatic and overwhelming by the individual recovering memories.
2. The abuse events that are remembered were traumatic for the child at the time that they occurred.
3. Traumatic memories often return in the form of flashbacks.

4. During a flashback, the person reexperiences the abuse and/or the feelings and bodily sensations associated with the abuse. Sometimes the person feels as if she is in a different time and place.
5. Remembering traumatic events can be a different experience than remembering ordinary events.
6. Recovery takes time and emotional healing is possible. Remembering the abuse is part of this process.

In addition to identifying and suspending these beliefs, I have not had this experience. Although I had observed the remembering process with several clients and had read about it, I always felt like an outsider looking in on an extraordinary experience. I undertook this project with the goal of exploring the remembering process in such a manner that I could see the experience from the perspective of those that have gone through it. Total identification is impossible, but I wanted to understand this experience from as close to the inside of it as possible. I also wanted to write about it in such a manner that those reading the text that had not had this experience would be able to have an “insider’s view.” Most of all, I wanted to report participants’ experiences accurately and thoroughly so that their stories could be heard by others journeying through the remembering process. Therefore, minimizing my bias and preserving the integrity of the research results was a high priority for me.

Other ways in which I worked to promote fidelity to participants’ experiences were constructing the research questions in such a way as to bypass much of the debate on this topic. The focus was on the women's experience itself. The "debate" was addressed only if the women mentioned it as being important. In addition, the women's memories of their sexual abuse as children were accepted as given, without seeking external evidence to corroborate their accounts. This perspective is consistent with the emphasis in empirical phenomenology. Five of the six women reported that they had obtained external evidence that validated their memories and accounts of external validation of their stories are discussed in both the Results chapter and in Appendix D.

After writing an initial review of the literature for the research proposal, I avoided reading material related to the topic until the data had been collected, analyzed and the results chapter had been written. This helped minimize preconceived ideas and expectations as to what I might find in the interviews and facilitated the process of allowing themes and their relationship to emerge from the data. I made this decision after reading the first chapter in Lenore Terr's (1996) book, Unchained Memories. Terr identified two factors that provide the "ground" for the return of repressed memories. After reading this chapter, I realized that if I read any further, I would approach the data looking for the things that Terr had identified as significant instead of allowing significance and meaning to emerge. This strategy worked well. It was exciting to delve into the literature after completing the results and receive confirmation of my findings.

One of the advantages of being a therapist and doing qualitative research is that in the practice of my profession, the attitudes and skills required for conducting good interviews in qualitative research are also those necessary for effective therapy (Osborne, 1990). A non-judgmental attitude, and empathic connection and a minimal amount of structure to facilitate in depth exploration are all necessary to do high quality research and therapy. The fact that I have the opportunity to practice and refine these attitudes and interpersonal skills on a continual basis has contributed to the credibility of this study.

Much has changed in qualitative research methodology in the 1990's. In particular, former ideas and strategies for establishing the adequacy of qualitative work have been challenged and are in the process of change. Dexin (1994) discusses these changes in terms of a fundamental movement from positivist and postpositivist traditions to poststructural and postmodern perspectives. The later is "characterized by a new sensibility that doubts all previous paradigms . . . " (Denzin & Lincoln, 1994). Specifically, there has been a rejection of positivist and postpositivist criteria for evaluating qualitative research by many with a postmodern view. "These researchers seek alternative methods for evaluating their work, including verisimilitude, emotionality, personal responsibility, an ethic of caring, political praxis, multivoiced tests, and dialogues with subjects" (Denzin & Lincoln, 1994, p. 10). There is an increasing focus on the logic of the text and especially, the problems associated with representing the perspective of the Other (Denzin, 1994).

In light of these extraordinary changes in the field of qualitative research, it is interesting to find that the methodology for conducting and evaluating phenomenological research has remained relatively consistent over time. With regard to "data analysis and representation," Creswell (1998) has observed "a modification of the Stevick-Colaizzi-Keen method, being used frequently in phenomenological studies" (p.147). Creswell's description of this method is quite similar to the strategy outlined by Colaizza in 1979. The criteria for evaluating phenomenological research outlined by Creswell in 1998 is in part drawn from Polkinghorne's (1989) discussion of validity. Polkinghorne's "five questions" that researchers are encouraged to ask themselves to evaluate the validity of their work are quite similar in content to the criteria outlined by Osborne (1990).

In conclusion, there is presently a controversy of paradigms in qualitative research that is the result of a movement toward poststructural and postmodern perspectives. Despite these changes, it is evident from Creswell's (1998) discussion that the methodology used in this study, namely, Colaizzi's (1978) strategies for data analysis and Osborne's (1990) criteria for evaluating phenomenological work, are consistent with current practices of conducting phenomenological research.

It could be argued that this study does not focus on prereflective experience and therefore, is not phenomenology in the strictest sense. However, the study does describe the ways in which participants talked about their experience. Given the traumatic nature of the abuse, it makes sense that participants may need to maintain some emotional distance from the experience even in the telling of it. In fact, the intense and overwhelming nature of trauma may require some distance from the experience in order to be able to talk about it at all.

Ethics

Approval for the project was obtained from the university's Ethics Committee before contacting the referring therapists and participants. Special attention was given to the issue of confidentiality. Pseudonyms were used for participants. Audio tapes of the interviews and interview transcripts were kept in a locked filing cabinet. Access to interview transcripts was limited to me. Audio tapes and interview transcripts will be destroyed upon completion of the project.

The sensitive nature of this topic necessitated that certain precautions be taken to minimize potential risk for participants. As discussed earlier, readiness was an important criterion in participant selection. Referring therapists were asked to refer only women that had sufficiently processed their abuse memories in order to minimize the potential for retraumatization while telling their stories. The women were asked to evaluate their own readiness to participate as part of the informed consent process. An advantage of involving therapists in the selection process was that therapeutic support was available for participants in the event that it might be needed.

The next chapter reviews the results of the study. It is divided into four sections. Section I deals with the beginning of the remembering process. Participants talked about significant events that occurred prior to their first memory of the abuse. This section focuses on the period of time leading up to the first memory. Section II explores the nature of the remembering experience. Section III is a discussion of the things that participants identified as being helpful or not helpful while going through this experience. The last section explores changes that participants noted as significant after having remembered the abuse.

Chapter IV

Results

Section 1 - Before Remembering the Abuse

One of the first things to be noted about participants' descriptions of their experiences is that none of them started their accounts with their first flashback of an abuse event. In other words, none of them viewed the beginning of the process of recovering memories as being the moment when the first abuse memory returned. This is significant because they all talked about a period of time leading up to the recovery of their first abuse memory that seemed to "set the stage" for the return of these memories.

In using the stage analogy, there are a number of questions that naturally follow. What is on the stage when the process begins? What is not on the stage at the beginning? What is added to the stage or what sets the stage for the return of abuse memories? And by what process does the setting of the stage occur or how and why does this happen? The following discussion addresses these issues.

Part I What is missing? What is present?

When exploring "the stage" at the beginning, one of the obvious things that was missing was memories of childhood sexual abuse. This can be thought of as a kind of disconnection from significant pieces of one's past. Interestingly, it was not the only connection missing in the lives of participants prior to recovering their memories. The theme of disconnection was pervasive in their stories and it affected them in many areas of their lives.

Participants talked about their lives before they recovered the memories and their descriptions aid our understanding of the beginning of the remembering process. The women were asked about any changes they had experienced as a result of recovering memories. They described numerous significant differences in their lives. A more detailed discussion of this topic can be found in the section titled Changes. However, certain themes, which emerged from their stories, are relevant to "setting the stage". These involved a disconnection or a significantly impaired connection in three major areas: in relationship with the self; in relationship with the past, present and future; and in relationships with others. In addition, some of the women talked about coping strategies they used to maintain their disconnection in these areas.

Perhaps the best way to illustrate and explain the themes is to allow participants' stories to speak for themselves. What did these women say their lives were like before they remembered the abuse? What does this tell us about the remembering process?

Descriptions of their lives prior to remembering.

Sharon talked about feeling chronically depressed and suicidal. She remembered thinking even as a child that she could, would and wanted to kill herself. "... I cared about people, but I always had this sense of, like I could check out any time if I wanted to." She was unable to imagine any future for herself and described herself as going through her life on "automatic"; not connected to her life and to the present. She was also struggling with life long severe insomnia. She accepted all of this (the depression, the suicidal ideation and the insomnia) as normal. She described herself as being guarded in relationships and at the same time, unable to assert herself with others when needed. She was afraid of feeling intense emotions and views some of her past behavior as self-abusive, e.g. intense exercise. Sharon said that in general, she was much less open to life and to others than she is now.

Angelica reported that she had high blood pressure due to stress. She described herself as being nonassertive, especially in her relationships with men.

> ... I would not have run-ins. I would just run and hide and be upset and hurt from what he said because he said something hurtful or did something hurtful. And I would say okay fine that's just the way it is and I could just run away and just accept. (Angelica)

Conversely, Angelica said that as a parent she wasn't as respectful of her daughter's feelings, boundaries and choices as she is now. Angelica was less aware of personal likes/dislikes, tolerated verbal abuse, and tended not to express differences of opinion, especially with men. She was afraid of being alone and coped with feelings of anxiety by "staying busy".

Patricia talked about her struggle in social situations. She found interacting with others difficult. She said she felt "paranoid" and quite worried that others viewed her negatively. She was afraid of people and did not like them. She had difficulty discriminating between healthy and unhealthy patterns in relationships. For example, she had always remembered that when she was a teenager living at home, her father occasionally grabbed her breasts and made inappropriate sexual comments concerning her body. She viewed this as a normal part of her life and did not think of it as sexual abuse. She lacked assertiveness, engaged in excessive self-blame and felt responsible for others' behavior. It isn't surprising that Patricia found it easier to be alone. She also suffered from ulcers.

Elizabeth described her "before" self as being extremely shy, quiet, withdrawn and really afraid of men. She couldn't imagine being in a relationship. In fact, Elizabeth had difficulty envisioning any future for herself at all. "For the longest time I could only see things in terms of the very near future . . . I thought that I would somehow die or get killed or something like that." Elizabeth had problems sleeping and struggled with "compulsive fears." In fact, she was so paralyzed by a fear of failure and rejection that she was almost completely unable to take risks socially. She became obsessed with her body image. For years, Elizabeth suffered from severe depression and thoughts of suicide. ". . . I was afraid that I was going to kill myself and then that became an obsession with me. The feelings all began when I was eleven and a half years old. I thought about suicide constantly . . . I didn't think I was going to live to see my twelfth birthday." She mutilated one of her dolls and felt extremely guilty about it. Elizabeth was terrified of these thoughts and feelings.

Julie started getting migraines about a year before she started remembering. At times, she had as many as eight migraines a month. She had always had a tightness in her chest, stomach problems and breathed quite shallowly. She remembers feeling depressed for most of her life. Occasionally, she contemplated suicide or running away while in university. She described herself as feeling guilty about everything and being a perfectionist. She felt extreme self-hatred. Julie also talked about feeling as if her body belonged to someone else and about hating her body. In high school, she was obsessed with losing weight and exercised excessively. She had thoughts about mutilation, but never acted on them. Julie described herself as effectively blocking out her feelings, even physical pain. She masturbated obsessively and shopped compulsively. She found it difficult to focus on one thing and stay in the present. Her friendships were based on others' needs and feelings and she lacked the ability to be assertive. Julie believed that she was a bad person and found it difficult to trust others.

Renee started getting migraines as a child and this continued into her adult life until she worked through her abuse memories. She suffered from low self-esteem and the feeling that she was never good enough. She also felt guilty and was excessively critical of herself. In her relationships, Renee preferred a care taking role, couldn't accept help, struggled with trust issues, and lacked the ability to be assertive. She was extremely overprotective of her children. She wouldn't let anyone baby-sit them and rarely let them go anywhere, even to her best friend's home. She felt afraid in many situations, but didn't recognize this and her overprotection of her children as being abnormal until she remembered the abuse and began to look at how it had affected her.

In reading these descriptions of participants' lives before the memories, it is important to understand that this is the "before picture". In other words, every aspect that has been included in these descriptions changed significantly for participants after they recovered their memories. The women talked about feelings, beliefs, attitudes, and behavior patterns that changed in a positive direction after the abuse was remembered. Once again, these were the things that participants identified as being important and positive changes. At the same time, these stories give us important information about the nature of their relationships in the three areas mentioned earlier, namely the self; the past, present and future; and others.

Relationship (connection) with the self

There are at least two themes that are expressed in these stories that describe participants' relationship to themselves. The first theme is a negative self image and the second is a general lack of self awareness. There are many different ways in which these two themes are expressed.

The first theme, a negative self image, can be seen clearly in participants' descriptions of their attitudes and feelings about themselves. The following examples demonstrate this.

> I hated myself so much, that most of my life I remember saying every morning when I woke up, "I wish I were dead." (Julie)
>
> I remember feeling unloved also. And I tried to understand why because it didn't make sense. I knew that lots of people loved me, but yet I didn't feel that. (Angelica)
>
> The negative things in my life always were about me not about other people. So it was not like I carried a lot of negative feelings towards others. I never. It was always towards myself . . . That would drive my husband crazy too, that I was never good enough. Never ever good enough for him or anybody else. (Renee)
>
> I had such low self-esteem and self-confidence . . . (Elizabeth)

In addition to statements that directly addressed self image issues, there were many other elements in their stories that are indicative of a negative view of self. Some of these indicators of low self-esteem include depression, suicidal ideation, obsession with body image, excessive feelings of guilt, shame and self-blame, lack of assertiveness, perfectionism, and self-abusive behavior.

The second theme, a general lack of self awareness, is related to a negative self image. A lack of self-awareness results in low self-esteem. Another way of thinking of this is that where a strong sense of self is missing, self-esteem will also be lacking.

When participants talked about significant differences before and after remembering the abuse, they all noted an increased self-awareness, particularly in relationship to emotional and physical needs, feelings and desires.

> I'm much better at getting angry than I ever was before. I just think any intense emotions before would have been too scary. (Sharon)
>
> A. I didn't feel like my body belonged to me . . . I've learned to effectively block out all feeling, all feeling. Sexual feeling, pain, whatever feeling there was. Emotional feelings, just blocked them all out.
> Q. Has that changed for you?
> A. Yes, it has. I feel pain now and I cry, laugh, get angry . . . I have all the emotions that a person should have. (Julie)

The lack of connectedness with her emotions and her body was extreme for Julie. Even her physiotherapist remarked that Julie didn't exhibit signs of distress when in pain, which made it difficult for the therapist to know when she was hurting Julie. Julie was aware of other times when her body was injured, but she wasn't connected to the physical pain. This changed dramatically after she remembered the abuse.

There were other indicators of an impaired awareness of physical needs. For example, Sharon's intensive exercise and Elizabeth's obsession with body image both resulted in a sacrifice of legitimate physical needs and a kind of self abuse.

As illustrated in the previous quotes, participants talked about their lack of a healthy relationship with their feelings. There were behavioral indicators of this as well. For example, Angelica talked about how she "stuffed" her emotions by overeating and distracted herself from her feelings by staying busy and being with friends. Participants also talked about not knowing what to do with their feelings when they did get in touch with them and then having to learn how to handle and express their emotions in positive ways. They also talked about a need to learn other types of self care strategies as well. It seems reasonable that if there is a lack of self-awareness, the ability or knowledge of effective self care will also be lacking. This was true for all participants. The relationship between self-awareness and self care is discussed in more depth in the section on things that were helpful or unhelpful. It is important to note at this point that these aspects of self-awareness were significantly impaired or lacking at the beginning of the process. All of the changes talked about in this area demonstrate an increasing sense of self in these women as they moved through the remembering process.

Relationship (connection) with past, present and future

Participants' stories showed an interesting relationship with time. With regard to the past, they didn't remember being sexually abused as children. However, there were other links with the past that were missing as well. Sharon and Renee both talked about missing blocks of time in their childhoods. Not only was the abuse "forgotten", but also neutral or even positive events during the time of the abuse were not remembered. In contrast, Elizabeth remembered her terrible struggle as a child and adolescent with severe and chronic depression and her obsession with suicide. But she effectively blocked out the cause of her distress, which included some of the verbal and physical abuse by her brother, in addition to his sexual abuse. In comparison, Sharon and Renee repressed blocks of time that included much more than the sexual abuse. But Elizabeth blocked out different kinds of abuse, while remembering many neutral details surrounding the abusive events. She also remembered many of the negative things that she struggled with as a child and adolescent. These examples illustrate that memory repression occurs in different ways and is not limited to the sexual abuse.

The ways in which some participants viewed past events were also notable. Several talked about being unaware of the unusual or abusive nature of some past events that they had never forgotten. For example, Patricia had always remembered that her father had occasionally grabbed her breasts and made sexually inappropriate comments about her adolescent body. However, until she entered therapy as an adult, she didn't view this behavior as sexually abusive and thought it was normal.

The connection between the past and the present was also disrupted for these women in that they were unaware of the relationship between present problems and past abuse. This made it difficult to deal effectively with present issues because the source was unknown. One of the best examples of this is in Angelica's story. In her relationships with others, Angelica had always struggled to feel loved. She knew in her head that many people loved her, but she didn't feel loved. Even a good friend recognized this problem and talked with her about it. However, she didn't understand why she struggled in this area until she remembered something that her abuser had said to her after sexually assaulting her.

> He was very angry with me mostly because I think I moved too much. I didn't hold still. And I remember him saying to me specifically, he said that no one will ever love you. I think that was worse than anything he did, is what he said. And I was only six years old. So as a child when somebody tells you that, you believe it. And now that I think about it, now I look back on those feelings of being unloved and not believing that these people love me and yet I knew that they did. Knowing it in my head, but not feeling it in my heart. And that I think was probably worse than anything he could of done to me, is what he said. (Angelica.)

Participants talked specifically about other links between present issues and past abuse that became apparent to them as they remembered the abuse. Julie and Patricia struggled with sexual problems and Sharon, Julie, and Elizabeth suffered from severe depression and, at times, suicidal ideation, all of which improved after they remembered and worked through the abuse.

From these examples, it is evident that the lack of connection with past abuse affected participants' views of present personal issues with which they were struggling. In some cases, it even affected what they defined as problems in their lives. Some participants saw current problems as being normal or as being part of their nature until the remembering process began. Sharon viewed her clinical depression and suicidal ideation as normal because she had always been that way. Renee saw nothing unusual about her overprotection of her children and her fears about driving past a certain place, especially at night. It was later known that she was sexually abused regularly by a neighbor at this location. What is evident in all of these examples is that the past abuse significantly affected the lives of these women and none of them were aware of this connection. Even if they were aware of problems that had resulted from the abuse, they weren't aware of the source of the problem because of the missing link with their past.

Several participants talked about other aspects of their connection with the present and the future. These women spoke of significant differences in their experience of the present and the future before and after remembering the abuse.

> I don't have all these things that are clogging my brain, like all this junk in my brain anymore. It's like I can focus on one thing and just focus on the day and enjoy what is happening during the day and I'm not thinking about the future, or I don't fantasize anymore. My mind doesn't go off into other places . . . it's a small thing, but I used to walk all the time and I used to look at the ground when I was walking, you know, kind of slumped over a bit. I don't do that anymore, I can look around. I can look at what's around me and my environment. (Julie)

> A. I have a sense of a future now. I could never have imagined myself being old or living out a life. I couldn't picture it and I can now . . .
> Q. It sounds like you're more present.
> A. Much more, yes. And the stupid thing is I didn't really know that I wasn't present before. It was so weird, like being on automatic going through my life. So I think that's a big shift. (Sharon)

> I'm not nearly as pessimistic as I used to be or as fatalistic in my thinking. A lot more positive. For the longest time, I could only see

> things in terms of the very near future. I didn't know what my life was going to be like in the future, if I would still be alive. I thought that I would somehow die or get killed or something like that. But now I can see myself going on and leading a full life. (Elizabeth)

Their comments demonstrate several important things about the nature of their connection to the present and the future, prior to remembering the abuse. In these quotes and in other parts of their stories, Sharon and Julie talked about their struggle to be in the present. Before remembering, Sharon thought about suicide, made plans for it and knew she could "check out at anytime". She lacked a sense of purpose and could not see herself in the future. She talked about finally being able to "get into her life" and commit herself to living, but only after remembering the abuse. Julie had difficulty even looking at her environment, which is a fundamental sensory connection with the present. Fantasy was another means whereby she avoided being in the present. With regard to the future, it is evident that some participants were unable to envision themselves in the future. In particular, Sharon and Elizabeth talked about their being pessimistic and fatalistic concerning their futures.

What is important about all of this is that the absence of abuse memories was accompanied by a lack of or an impaired connection with other aspects of the individual's past, present and future. As the examples demonstrate, this lack of or impaired connection can manifest in many ways. It is important to recognize that it is there.

Relationships (connections) with others

When participants talked about their lives before remembering the abuse with regard to significant changes that have occurred since then, the topic of interpersonal relationships was focused on the most. All of the women talked about feeling and behaving differently in their relationships with others, since remembering the abuse. From their stories, what do we know about the nature of their relationships prior to recovering abuse memories?

Participants talked about two aspects of their experience in relating with others; their internal experience and their behavioral patterns. With regard to participants' internal experience, the following quotes give us insight.

> I still think that I'm pretty guarded in my relationships, but not like I was. Before I think it was a real handicap. But people did not know that I felt that. It was weird. (Sharon)

> I really like people. I never used to. People used to frighten me . . . I don't play mind games with myself as much, I let other people be. I don't try to control them . . . mind games such as, "What is he thinking about? Is he thinking about me? Oh, did I do something wrong? Oh no, oh no!" Very paranoid that someone's thinking something bad about me. (Patricia)

> Before I was in therapy, I could never imagine being in a relationship. I was extremely shy, withdrawn, and really scared of men . . . I don't feel so much as though my life is cursed (Elizabeth)

Most participants talked about struggling in various ways with trust issues. Some described themselves as fearful, distrustful, guarded and lacking a sense of safety in their relationships. For others, trust issues took a more subtle form and sometimes went undetected. For example, Renee didn't trust even her best friend to watch over her children. Angelica avoided her feelings by being very active socially. She is well liked and has many friends, but struggled to feel loved in these relationships. All of these examples demonstrate that the ability to trust others was significantly impaired for these women prior to remembering.

Participants also talked about unhealthy relationship patterns that changed significantly in a positive direction. There were two patterns that were common. The first was a general lack of assertiveness and the second was a tendency toward unequal and/or unhealthy relationships. Most of the women commented directly concerning the assertiveness issue.

> There are many things that I like or dislike and I have very strong views on things. But I have never been able to actually put them out there, let other people hear them. I can do that now and I don't care how they react to it. When at one time, I wouldn't have said anything. If it's hurtful, that's a different matter. I don't like hurting people. But, yes, if it is something that I believe and want to say, I will say it. (Patricia)

> I'd tape "No" on my telephone. I taped it up on the inside of my telephone . . . And I learned to say "No" . . . I'm way more aware of what my boundaries are and when people step over them, I let them know. (Julie)

> Before that I would not have run-ins. I would just run and hide and be upset and hurt from what he said because he said something hurtful or did something hurtful and I would just say, "Okay, fine. That's just the way it is." And I would just run away and accept it. Now I've come to the point where I'm not accepting it. (Angelica)

> I guess with other people, I am a lot better at setting boundaries. I am a lot less patient now. I don't think it's that I was before, it's that I was disconnected and so things didn't bug me. Little things bug me a lot more. (Sharon)

> I'm a lot bolder. I used to think things, but never say them. You know,

> in a meeting or in public and I'm way, way more vocal or verbal about, you know, in a good thing, it's not just negative. Way more assertive than I used to be. (Renee)

Assertiveness is a multifaceted skill. It requires that an individual be aware of her feelings, thoughts, preferences, limitations and responsibilities (see Footnote 2). In other words, it necessitates a high degree of self-awareness. As we saw earlier in the discussion, this strong positive sense of self was lacking for participants prior to remembering the abuse. In addition to self-awareness, assertiveness requires an ability to maintain healthy boundaries with others. This necessitates the ability to communicate to others where your boundaries are and to require that these things be respected. The term boundaries refers to everything that defines a person as an individual separate from others. This includes all of the different aspects of self-awareness. What does this mean with respect to participants' relationship patterns? First, it is impossible for a person to communicate what she does not know. Participants' lack of self-awareness meant that they were often unaware of their own boundaries and when they were being violated. Sharon expressed this when she said, "I was disconnected and so things didn't bug me."

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2 The feminine pronoun is used throughout this paper in reference to the CSA victim. This is not to imply that males are not abused or that they are abused less frequently than females. The feminine pronoun was chosen because most of the CSA research has involved only females. In addition, this study was limited to female participants.

However, it is evident from the above quotes that there were times when these women were keenly aware of their feelings or opinions and yet were unable to express them to others. The self-awareness was present, but the ability to give it voice was not. This brings us to the second point. If a person does not respect herself, it will be difficult at best for her to require respect from others. It seems likely that participants' negative self image would result in a lack of self respect and self confidence. All of this would make a wide variety of activities exceedingly difficult. Angelica couldn't stand up for herself in the face of hurtful remarks and behavior. Renee and Patricia couldn't express their opinions publicly. Julie couldn't say "no" when she wanted to. What all of these examples have in common is an inability to voice their feelings, thoughts, preferences and limitations and an inability to require respect from others.

The second common relationship pattern was a tendency toward unequal and/or unhealthy relationships. Unequal relationships refers to an imbalance in the normal give and take that occurs in healthy relationships. Unequal means that one person is giving or taking more than she should be and that the impact on the individual and the relationship is negative. For example, several participants talked about being in friendships where they assumed a care-taking role.

> I got rid of some friends that were not helpful, that they were just always taking, but never giving . . . I used to operate under trying to figure out what feeling that person is feeling and try to fix them or try to help them. So all my friendships were kind of based on that. (Julie)

> I don't want to be a burden on anybody. I prefer to take care of people.

> That's something with her (Renee's friend) too, that I've had to deal with because it was always me taking care of her. Me taking her kids, me making supper for her if she didn't feel good because it made me feel good. And what I was essentially doing was taking that away from her and I never wanted her to do the same things for me. And she really had to do those things for me out of necessity at that time and that has really improved our relationship . . . I can accept help from somebody and I couldn't do that before . . . (Renee)

Inequality is also inherent in relationships where a person lacks the ability to be assertive. In this type of relationship pattern, the non-assertive person may feel victimized by others. For example, Angelica had learned to accept verbal abuse and felt powerless and hurt when having to deal with insensitive comments from men. Julie couldn't say "no" to her friends and often felt victimized by their requests for her help. In unequal relationships, the needs, feelings and desires of one person are the main focus of attention. In light of participants' negative self image and lack of self-awareness, it isn't surprising that they often were in relationships where their needs, feelings and desires were unrecognized. These unhealthy relationship patterns demonstrate a lack of or impaired connection with both the self and others.

In summary, it is important to review all of the information in light of the original question. Prior to the start of the remembering process, what was present and missing from "the stage"? It is clear that memories of childhood sexual abuse were missing. This represents a lack of connection with certain events in one's past. But was this the only disrupted connection?

We explored three areas of relationship: to the self, to the past, present and future, and to others. From participants' stories, it was evident that there were disrupted or impaired connections in all three areas. In relationship to the self, the women struggled with a negative self image and a general lack of self-awareness. With regard to the past, present and future, the disrupted connections manifested in a variety of ways such as, missing blocks of time from the past, missing the link between present issues and past issues, and being unable to be in the present and to envision a future. In their relationships with others, participants struggled with trust issues and unhealthy patterns of relating. It was also evident that these three areas are interrelated in that problems in one area affected participants' difficulties in the other areas. For example, participants' sense of self affected their experience and behavior in relationships with others.

However, the most striking feature about these three areas is that they all underwent significant changes after participants remembered the abuse. The logical question is how and why did change occur?

Part II Setting the Stage

In the last section, we explored some of the things that were present and missing in participants' lives prior to remembering the abuse. The purpose of this section is to explore the beginning of the remembering process. As noted previously, none of the participants viewed the beginning of the remembering process as being the moment when the first abuse memory returned. All of them talked about a period of time and/or a series of events that led up to and set the stage for the return of the first abuse memory. "Setting the stage" refers to this part of the remembering process. In the previous section, we discovered what is and is not on the stage at the beginning. Now we will look at what is added to the stage or what sets the stage for the return of abuse memories and the process by which this occurs.

There are a number of themes that emerge from participants' accounts of this part of the process. A short summary of their stories will help elucidate the themes and answer the following questions. How did these women describe the beginning of their remembering experience? What do their stories tell us about this part of the process?

Their Stories Before Remembering

Sharon was in her early thirties, married and had two small children, when she began to question some things about her life that before she had always accepted as being normal.

> Some pieces started to strike me as being very abnormal, like to be constantly preoccupied with suicide. I mean all the time . . . Suicide was just always an option. I could have elaborate plans all picked out and all kinds of things. And it suddenly hit me that this was not normal. Why is this happening, why? You know, you could live with it for . . . twenty-five years and you don't even think about it. So that hit me.

(Sharon)

In addition to this, Sharon noticed that her continual depression deepened into "black pits" at certain times of the year, like at Christmas. There were other things that she "had always known, but refused to put into place . . ." such as her inability to remember her childhood before age twelve, her extreme acting out as an adolescent, and her father's alcoholism. She had always known these things and they made her feel uneasy. When she began to learn about classic indicators of childhood sexual abuse as part of her training to be a therapist, she considered the possibility that she may have been sexually abused as a child. "And yet, when I tried to think of who it could have been, I just wouldn't put it together. I just immediately thought, "No, I'd remember. That couldn't be."

Years later after she'd finished her doctorate in counseling psychology and was doing clinical work, she began to seriously wonder about the reasons for her depression and preoccupation with suicide in light of the things she knew about her past and about abuse indicators. Then an incident at work prompted her to start therapy to explore these issues. Sharon was working with a survivor of sexual abuse and noticed that she was close to a panic attack as she listened to the survivor describe her experience. Her reaction was so severe that she decided to transfer the case and go for counseling herself.

Sharon had an initial flashback just before her first therapy session. It was not a flashback of the abuse, but the visual image persisted and she couldn't make any sense of it. It was the image of a knot hole on a section of paneling. She remembered later that she had focused on this while being molested. However, when she first got this image, it had no meaning for her except that it persisted and was upsetting. Shortly after her first therapy session, she remembered the context of the paneling and that her father had taken her to this place for the weekend. "When I remembered that again, I felt just overwhelming panic. And I felt this weird sense of, 'Could this have really happened?' This was not the kind of dad who would take these kids out for an outing."

The memory was so disturbing that Sharon didn't tell anyone about it for several months. An older sibling did confirm the factuality of this event for her, which removed her doubts about it. It is important to note that the image and the memories concerning its context were extremely upsetting to Sharon, but she had not at this point remembered any abuse. Later it became clear that she was first remembering events around the abuse.

Sharon finally talked to her therapist about the image, but "anytime that I consciously tried to think about it, I would just get into such a panic, I would shut right down." Because of her strong panic reaction, they started to do trance work to increase her sense of safety and to help her relax. When Sharon felt ready, they explored the scene further through hypnosis in that she was given permission to remember. Six weeks after that session while lying on her couch at home, Sharon had her first flashback of being molested by her father when she was seven years old.

Angelica was also in her early thirties, married and had two children when the remembering process began for her. It started when a friend asked Angelica for help in finding a good psychologist because they discovered that a family member had sexually abused their son. As a result of extensive contact with this family, Angelica began to think about child sexual abuse and how easily it happens to children in places where adults expect them to be safe. Angelica had an occasion to talk with the abused child about abuse issues. She remembered thinking at the time, " 'Some of this is really weird'. You know, like it just seemed to hit home some of the things we talked about."

Additional information about obesity and childhood abuse caused her to wonder about her own struggle with her weight and the possibility that she may have been abused. "I remember thinking, 'There must be something wrong. I just can't figure out what was wrong'". She decided to explore these issues in therapy. In counseling, Angelica made a connection between her overeating and avoiding her emotions and noted that she tended to overeat when she was alone. The therapist suggested that Angelica spend a day alone to discover whatever it was that she was avoiding. Careful planning helped to minimize distractions and promote self-discovery. Angelica felt terrified before her "alone day", but didn't understand why she felt this way. The stress was so severe that her legs became inflamed and swollen the night before. It was on this "alone day" while she was at home that she had a flashback of her great uncle sexually assaulting her when she was six years old.

Patricia was in her early twenties and a university student when the remembering process began for her. She lived in residence and found that she didn't like going home because of a difficult family situation. In addition, first year university was "hell on earth" because of pressures to function well socially. Patricia felt depressed and suicidal. Fortunately, her boyfriend and his family were quite supportive. She went for counseling and worked on her anger toward her mother and learned to relate better to others. The following year, Patricia and her boyfriend were married. Then her father-in-law was convicted for sexual abuse the summer before Patricia entered therapy for the second time. The presenting problem was that Pat and her husband had never been able to be sexually intimate. "So this was causing problems in the marriage. We got about a year into the marriage and we were talking about divorce. I didn't want to lose him and so I thought, 'There is something wrong here'."

In her first session, one of the things that Patricia told the new therapist was that her father used to grab her breasts. "I think the reason that I did not find it abnormal was because my mother never did anything. She never really reacted when he did it." However, Pat realized from the therapist's comments and behavior that she thought this was very strange and inappropriate. As a result, Pat's perspective on her father's behavior changed suddenly. She recognized it as being abnormal and wrong. Before the second counseling session, Pat was at home in bed when she had her first abuse flashback.

The remembering process began for Elizabeth in her late teens when she began to question why she had always been so shy, withdrawn and lacking confidence and self-esteem. She started to remember emotional and physical abuse from her older brother. She had a sense that she had been sexually abused and she remembered events that led her to suspect this, but she was too frightened to explore the possibility.

> I remembered nothing about the actual abuse that had taken place. I only had this sinking feeling that something like this had happened, but I felt too horrified to really admit it. I was so scared of the possibility of sexual abuse that I quickly shut it out of my mind and didn't entertain it any further. (Elizabeth)

The following summer, Elizabeth was attending summer school and living in residence at a community college. She was extremely traumatized when a group of young men stalked and sexually assaulted her. They threatened to kill her if she ever told what they had done. Elizabeth isn't certain how long it was before she "forgot" this incident, but memories of the event were dissociated from conscious memory shortly after it had happened. However, her anxiety escalated so high that she was unable to finish her summer studies and she returned home. Her emotional and mental condition continued to deteriorate. She became paranoid and began to hallucinate. In her hallucinations, she was being "stalked and attacked by creepy things." "I felt as if I was struggling against being sucked into a black hole and certain forces were trying to pull me into it." Elizabeth was hospitalized in a catatonic state and initially misdiagnosed as schizophrenic and later, as having "severe" endogenous depression. She was treated by means of anti-psychotic, anti-depressant and anti-anxiety medication. Later, she received a series of ETC. In the months following, her sense that she'd been sexually abused increased and she told her psychiatrist.

> . . . but he refused to believe me because I couldn't remember any specific sexual acts. I was so vulnerable and confused that I believed him and I concluded that somehow, I must have been making it all up. And so once again, I shut out the possibility of sexual abuse in childhood. (Elizabeth)

A year later, she was in university. Several times, her parents told her that she was screaming out in her sleep, but she had no knowledge of this. A few months later, she "had been struck" by an article she'd read on childhood sexual abuse. "There were many similarities between me and the after-affects described in the article. So many that I couldn't ignore the possibility any longer." She began to remember events around the abuse that felt "eerie" and put this together with her brother's odd present behavior with her. "I began to fit the clues together and it all made sense to me." She began to have flashbacks of being sexually abused by her brother. She confronted him with the abuse and he denied it.

Julie was in her mid-thirties and single when the remembering process began for her. It started when she was participating in a seminar on Emotional Dependency. She was part of a small group discussion when she felt an overwhelming sense of grief and had an image of a naked little girl that was cold and shivering. The image was totally unrelated to the topic that they were discussing. Julie started to cry, which is uncharacteristic of her to do in public.

> So in my mind I thought, "Whoa, this is overwhelming. I think that was a sexual abuse thing. I'm not sure . . . This is very overwhelming so I think I'm going to put it on hold. If some more images come up, then I will deal with it. If not, it is just a one time occurrence." I kind of felt numb, and stunned. I remember walking around for the rest of that week of that seminar feeling very stunned. (Julie)

Later, she attended another seminar and the speaker was talking about the normal experience of a young child. Suddenly, Julie had a strong sense that something had happened to her when she was very young. This sense was accompanied by an overwhelming feeling of grief.

> I went home and waited, still feeling kind of numb about it. My thought was, "This is overwhelming. How do I know if this is true or not. So I'll just wait on it." And then more things started coming back to me." (Julie)

Renee was in her late twenties, married and had four children when the remembering process began for her. There were a number of stressful events that had occurred at this time. Renee had just given birth to their fourth child and was feeling physically run down. She and her husband were also dealing with a stressful family situation. It was around this time that Renee's oldest daughter had taken the Care program at school. This program is designed to teach elementary children about sexual abuse in an age appropriate manner. Renee and her daughter had talked about what she had learned, specifically about good and bad touches. It was after this, that Renee began to have disturbing dreams that left her feeling strange and uncomfortable.

> They were super weird and they changed a lot, but I always tried to get away. It wasn't like waking up from a nightmare that you never think about again. It left me with, I just felt terribly strange . . . I was very nervous. I felt very guilty. And that was something right from the very beginning that I felt guilty . . . The guilt was something sexual . . . I thought, "Am I falling out of love with my husband? Am I seeking to have an affair?" And I didn't feel that way, but that's how these dreams left me feeling. There was something. And it was in a sexual way, but what it was, I didn't know. And I started thinking, "Am I making this up? What's happening to my head? Where are these things coming from?" (Renee)

It was during this period of time that a friend had a baby. Someone called to tell Renee the news. "They told me what his (the baby's) name was and it just hit me, like his name was the same name as the person who abused me and why, it all came together at the time. Now not the entire memory, but right away I knew something was wrong." When she heard the abuser's name, she remembered him being on top of her and feeling as if she couldn't get away, but she did not remember the actual abuse. After the phone call, she "was a wreck" and decided to tell her husband about the dreams and what she was remembering.

> So I told my husband . . . There was something with this guy that is not right, I think it was sexual. I was putting some things together, but nothing concrete. There was nothing really there. It was all feelings at first. (Renee)

Renee suspected that she'd been sexually abused and went for counseling. One of the things she remembered was a piece of floor tile. The flashback was quite vivid and accompanied by extreme fear. She continued to get flashbacks like this. They were pieces of abuse events. She continued to get many pieces until she had the whole scene.

Although there are many differences between these accounts, they are strikingly similar in a number of ways. The similarities and differences give us much information about how the remembering process begins. The two main themes in these stories are first, increasing awareness, and second, responding to an increasing awareness. These two themes are expressed in many different ways.

Increasing Awareness

In all the stories, an increasing awareness is evident. What kinds of things did participants talk about becoming more aware of? Most participants had some occasion(s) to learn more about childhood sexual abuse issues. Sharon studied this as part of her training. Elizabeth read an article. Angelica helped a friend and her family through this experience and learned more about abuse through the media. Renee's daughter participated in the Care program and talked to her mother about it. Pat suddenly recognized her father's behavior as sexually abusive when her therapist gave her some feedback about it. It is also reasonable to assume that her father-in-law's conviction served to increase her knowledge and awareness of childhood sexual abuse.

Julie is the only person that didn't talk about learning more about childhood sexual abuse. However, she was learning about emotional dependency and issues related to the healing process. This material would certainly overlap and be consistent with information on childhood sexual abuse issues, even though it was not addressed directly. In addition, both Julie and Pat had been in therapy previously. It is reasonable to conclude that their previous experiences increased their awareness of emotional issues and the healing process.

To take this a step further, some participants talked about personally identifying with this new information. Usually they were impressed with similarities between their own experience and the after effects or indicators of childhood sexual abuse. As a result, they may have started to wonder about the possibility that they had been abused as children. For Elizabeth it was different in that the article she read confirmed her suspicions that she'd been abused. Each of the participants connected with the new information in unique ways. Some were quite conscious of its significance and others were unaware of its influence until after they had recovered their memories.

Related to this is participants' reports of increasing self-awareness in many different areas. Generally, increasing self-awareness took the form of a heightened awareness of personal issues. There are many examples of this. Sharon was increasingly aware of her ongoing struggle with depression and suicide. She began to notice patterns, e.g. her depression deepened around holidays. Patricia was keenly aware of her inability to be sexually intimate with her husband. Her increasing recognition of the problem caused her to seek help. Angelica became increasingly aware of her dysfunctional emotional and behavioral patterns.

In other instances, participants began to recognize abnormal emotional and physical reactions. Angelica noticed and wondered about her feelings and severe physical reaction prior to spending a day alone. She felt terrified and her legs became inflamed and swollen the night before her "alone day".

> And the anxiety that I felt this alone day was just so totally incredible. I was petrified of the thought of spending twenty-four hours alone. And I thought, "What's the matter with you? You will be alone for a while, you don't have to do anything. It would be great." And I was very, very scared. And it was so bad that my legs swelled up right between my ankles and my knees . . . (Angelica)

Sharon recognized the abnormal nature of her anxiety reaction to her client talking about childhood abuse. She was also aware that her feelings of panic about her initial flashback of the knothole were unusual. Renee was well aware that her emotional response to hearing her abuser's name was extreme and significant. "I knew that there was something wrong . . . because I was just a wreck." (Renee) Most of the women talked about noticing and being aware of emotional and/or physical responses that seemed out of proportion to the circumstances.

In contrast, some of the women had always been aware of certain personal issues. For example, Angelica was always aware of her weight problem. Sharon knew that she was constantly preoccupied with suicide. Elizabeth had always recognized her lack of self-esteem and self-confidence. But at this particular time, there was a significant shift in their perspective on these issues. It often started with the recognition that something was wrong and/or abnormal. Recognition of a problem then led to a questioning or wondering about its origin. Participants started to ask themselves, "Why am I like this? Why am I struggling with this problem?" Up until this time, the issues may have been accepted as normal or as nothing worthy of special attention. Then, certain issues or pieces of information began to stand out and require attention. The language participants used to describe this shift in their perspective is noteworthy.

> Some pieces started to strike me as being very abnormal . . . (Sharon)
>
> . . . it just seemed to hit home some of the things that we talked about. (Angelica)
>
> I had been struck by an article I had read about childhood sexual abuse. (Elizabeth)
>
> It just hit me . . . it all came together at that time . . . I knew something was wrong . . . (Renee)
>
> I was away from home, and once I had gotten back, things started to hit me. I remembered nothing of the trauma that had happened just recently, but I had a much stronger sense that I had been sexually abused as a child. (Elizabeth)

Their use of the terms "hit" and "strike" suggest that the shift in perspective occurred suddenly and required attention. This change was brought about by an increasing awareness of personal issues and/or of issues related to childhood sexual abuse.

It is interesting to note the way in which participants' awareness increased. For example, Sharon became aware of a number of personal issues first. As she explored these, she got back memories and images surrounding a sexual abuse event without remembering the actual abuse. She knew this was significant because of her intense fear reaction not because she understood the meaning of what she was seeing and remembering. Sharon was not the only one to remember images, events, and feelings around abuse events before actually remembering the abuse itself. Renee's first flashback was of a piece of floor tile. She didn't remember the abuse at this time, but was overwhelmed with feelings of panic. Angelica felt very uneasy when thinking about the house where she had been sexually assaulted, but she didn't know why she felt that way. Elizabeth also remembered non-abusive events that happened prior to the abuse before she remembered the abuse (e.g. what her abuser said to her just prior to the abuse). She also remembered verbal and physical abuse before she remembered the sexual abuse. It makes sense that participants' awareness would progress in this manner starting with a recognition of less difficult realities and moving into the knowledge of increasingly difficult things. This is not to imply that any part of the process is "easy", but rather that the individual's ability or capacity to recognize and accept horrific realities seems to increase over time. The gradual unfolding of the reality of the abuse and its meaning implies that the psyche requires that this kind of knowledge be integrated in pieces over time as opposed to knowing the whole all at once. This seems to be a reasonable conclusion in light of the fact that all participants talked about being overwhelmed even by "the pieces".

Responding to Increasing Awareness

Participants' responses to their increasing awareness and the resulting shift in their perspective divided into two main categories; moving toward versus stopping or moving away. "Moving toward" responses were those in which the women sought to increase their awareness further. This movement can be described with a variety of terms. Wondering, questioning, putting the pieces together, making connections, suspecting or sensing past abuse, knowing something's wrong, recognizing and accepting personal problems, and deciding to explore further.

The process of increasing awareness and "moving toward" responses was recursive in that one often led to the other. For example, becoming aware of personal issues most often resulted in a decision to explore these issues in therapy. As a result, working in therapy led to greater self-awareness. From the women's stories, it is clear that the process of becoming more aware was one in which they were putting things together or making new connections. The following quotes illustrate their use of this metaphor.

> I recalled the vague memory I had had . . and began to fit the pieces of my life together . . . I began to fit this and other clues together. (Elizabeth)

> There is something with this guy that was not right, I think it was sexual. I was putting some things together, but nothing concrete. (Renee)

> Some of the pieces started to strike me as being very abnormal, like to be constantly preoccupied with suicide. (Sharon)

> I began to fit the clues together and it all made sense to me. (Elizabeth)

The result of putting all the pieces together and considering all the parts in relationship to each other is that most of the women suspected or knew that they had been sexually abused before they remembered abuse events. The only exception to this is Patricia. She entered therapy to deal with a sexual problem and came to understand that her father's behavior toward her was sexually inappropriate. Shortly after this recognition, she had her first flashback of her father molesting her.

In contrast to the "moving toward" responses, the result of "stopping or moving away" responses was to decrease awareness and/or to allow time for the integration of overwhelming emotions and horrific realities. Some of the terms that describe these responses are avoiding, denying, protecting and hiding, fearing, keeping silent, feeling overwhelmed or numb, deciding to wait. From the stories, stopping or moving away responses appeared to be a form of self-protection from the reality of the abuse and seemed to regulate the rate at which the remembering process occurred.

For each participant, there was a moving back and forth between these two types of responses all the way through the remembering process. I have called it the “yes/no tension”. This tension can be seen clearly in the following quotes.

> I remembered nothing about the actual abuse that had take place. I only had this sinking feeling that something like this had happened, but I felt too horrified to really admit it. I was so scared of the possibility of sexual abuse that I quickly shut it out of my mind and didn’t entertain it any further. (Elizabeth)
>
> And yet when I tried to think of who it could have been, I just wouldn’t put it together. I just immediately thought, “No, I'd remember. That couldn’t be.” (Sharon)
>
> “Whoa, this is overwhelming. I think that was a sexual abuse thing. I'm not sure.” In my mind, I said to myself, “This is very overwhelming so I think I'm going to put it on hold.” (Julie)
>
> The anxiety that I felt before this alone day was just so totally incredible. I was petrified of the thought of spending twenty-four hours alone. And I thought, “What’s the matter with you. You will be alone for a while, you don’t have to do anything. It would be great.” And I was very, very scared. (Angelica)
>
> . . . there was a number of things I had always known, but refused to put into place . . . I refused to look at it. I just would not. I just wouldn’t think about it. (Sharon)
>
> I desperately wanted to know who could have done this to me, but my mind was blank. I was not ready to accept who my perpetrator was. (Elizabeth)

There are many variations of the yes/no tension, but it is rooted in both a desire to know more and a fear of knowing (“yes, I want to know” versus “no, I don’t”). These two conflicting needs created a tension that participants worked to resolve throughout the remembering process.

One thing that was important in resolving the yes/no tension was dealing with the fear of knowing by creating safety. For example, Sharon was unable to even think about her flashback of the knothole and what it might mean without feeling overwhelmed with panic. It was several months before she could even tell anyone about it because of her intense fear. She and her therapist worked to increase her sense of safety so that she could "move toward" the issue and explore it. As a result of her feeling safer, Sharon started getting flashbacks of the abuse. The safety issue is discussed in greater depth in another section. But its importance in helping to resolve the yes/no tension should be noted.

Starting the Remembering Process

The question that remains to be answered in this section is why did the process start? Some of the personal issues participants struggled with had been present for a long time. Why did they become more aware of them at this particular time? Why did an increasing awareness occur? Unfortunately, the answer to the question, "Why did the process start?" is not as clear as participants' descriptions of the process itself. However, some of the women addressed this issue directly. In addition, tentative conclusions can be drawn from those things that participants identified as being important elements of setting the stage.

One of the things that participants noted as being present at the beginning of the process was new information or experiences that brought childhood sexual abuse and/or emotional healing issues to their attention. Examples of this are Angelica's involvement with a family that was dealing with abuse and new information about sexual abuse via the media. Julie was attending a seminar on emotional dependence when she saw the image of the naked little girl. Renee had talked with her daughter about the Care program just before her nightmares started. Patricia's father-in-law had been convicted of sexually abusing children the summer before she started getting memories. Patricia talked about the effect that she believes this event had on recovering abuse memories.

> I just remembered something too. Sometime during that summer before I started therapy, my husband's father was actually charged and convicted of sexually abusing his daughter. That was a big part of, maybe not so much at a conscious level thing, but it was something that sort of filtered down, when I think about it now. I think maybe the fact that he was charged and convicted and put away, allowed me to go, "Hmm, maybe it's safe to remember some of this stuff." And I think that's part of it. The main reason that I did go to therapy was because of my husband and the problems we were having. But I think that was probably a factor as to what pushed me to go into it as fast as I did. So I just remembered that which was an important point. (Patricia)

Pat's statement identifies again the importance of the safety issue. Sharon also talked about the importance of safety in answering the question of why the process began.

> . . . lots of things made me feel very uneasy. But it wasn't until, I'm trying to think, it was like I had to be in a safe place in my life before, I had to have everything in place before, that could hold me to this world, before I was willing to look at it. (Sharon)

It is evident from these statements and from the tremendous fear response experienced by all participants when the process started that safety was an important factor. It was certainly a significant issue throughout the process. In light of this and these quotes, it seems likely that safety played an important role in the initiation of the remembering process.

Summary of Section I

Participants described the remembering process as beginning before they recovered their first memory of abuse. They talked about a period of time and a series of events that set the stage for the return of abuse memories. We first explored what was present and missing from "the stage" in three areas of relationship: to the self; to the past, present and future; and to others. From participants' stories, it was evident that there were disrupted or impaired connections in all three areas. Second, we examined the question of how and why the remembering process began. The beginning was characterized by an increasing awareness of childhood sexual abuse and/or emotional healing issues and increasing self-awareness. Greater self-awareness often manifested as a heightened awareness of personal issues, which included acknowledging inappropriate or abnormal emotional and physical responses. The women responded to their increasing awareness by seeking to further their understanding ("moving toward" responses) or by trying to protect themselves from distressing realities ("stopping or moving away" responses). They engaged in the latter by trying to stop the process or by waiting until they were able to deal with the overwhelming fear. The desire to know and the fear of knowing created a tension that they worked to resolve. Two factors that appear to have been significant in initiating the remembering process are: first, the presence of new information or experiences that brought childhood sexual abuse and/or emotional healing issues to their attention; and second, an increased sense of safety. With these understandings of the beginning of the process, we can move on to explore the next step: remembering the abuse.

Section II - Remembering the Abuse

Remembering specific abuse events represents a significant shift in the remembering process. This is qualitatively different than sensing or knowing that you have been sexually abused. In the previous section, it was shown that most of the participants knew or suspected that they had been abused before they remembered specific instances of sexual abuse. The recall of abuse events represents a deeper level of self-awareness. It is the remembrance of one's personal history. But the traumatic nature of the event means that the remembering experience is quite different from the usual way in which we remember things we have forgotten.

In this section, the nature of this experience is explored. It begins with six short summaries of participants' accounts. The discussion that follows is divided into two parts. In the first part, the way in which participants' memories returned is explored. Characteristics of this aspect of the process are identified. Part two deals with participants' reactions and coping strategies. In addition, it identifies issues that arose for participants once the memories returned and explores the healing process.

In this section, the following questions are addressed. When participants recovered memories of abuse events, what characterized this part of the process? How or by what means did the memories return? In what ways did participants react to remembering the abuse? Once the memories returned, what issues did participants have to deal with and how did they heal? How did they cope with and process their feelings and the memories?

Their Stories of Remembering

Sharon had had a flashback of a knothole and remembered events that had occurred during a weekend that she had spent as a child with her father. She felt intense anxiety about this even though these were not memories of abuse. Sharon and her therapist worked to increase Sharon's sense of safety through the use of hypnotherapy. When Sharon felt ready, she told her therapist that she needed to remember more about this particular weekend. While Sharon was in trance, the therapist made a general suggestion that gave Sharon permission to remember more if she wanted to. Sharon did not remember more in that session, but six weeks later, she had her first abuse flashback while at home.

> . . . I was at home after a session that I had not focused on that memory at all, just other stuff like staying safe and all the anxiety I was having. And I was lying on the couch . . . And all of a sudden, I felt I was just going to go to sleep, a nap, and I could hear the kids playing outside. And I felt my body just, it was just a very strange feeling, I felt, panic. I couldn't feel my body. It was like I was paralyzed, totally paralyzed, like how you get in a dream when you're telling yourself to wake up, but I wasn't dreaming. I was conscious. And I just felt this overwhelming panic. And part of me said, "You're fine, you're here now. Just stay with this and see what's going on". (Sharon)
>
> It's just bizarre, a collage of scenes, and that's how this came. It was like I was in this nut house. And there was this crazy director or producer or something playing films that were just, like you know, eight

> seconds of this scene and twelve seconds of this. And it just went on, I don't know about the clock time, probably three minutes, maybe not even, but it seemed like forever. And I was just, it was like I could not stop it. It was this visual. It felt like it was out in the room, but obviously it was in my head. Just this collage of nutty stuff that was just out of sequence. And it was like if there was a noise to it, it would have been loud blaring noise. That was the image I had of it . . . But it wasn't really noise. It was just a feeling I had, just very out of control wild stuff. And at some point I just, at some point I got control of it, or something. I couldn't have any more, I just didn't want any more. I just kind of snapped out of it. Literally, I got off the couch, and I remember feeling, part of my mind thinking this is weird. I felt I wasn't there. I wasn't there. I know I wasn't there, but I know I felt like a robot. And I just went about like nothing had happened. We had supper. And I had a feeling that I was just watching myself. And I stayed that way for the whole week. (Sharon)

Sharon's sister noticed and commented on Sharon's dissociative condition. But it wasn't until her next therapy session that Sharon was able to reconnect with the present. Her therapist noticed immediately that something was wrong and asked Sharon what had happened. Sharon "was able to touch down again" and told her therapist about her experience. This started a long and difficult year of recovering and processing abuse memories. During this time, Sharon's health was poor. She also suffered from severe insomnia and was unable to work. Sharon continued in therapy and gradually was able to work again.

> It wasn't until probably about sixteen months . . . when I had just uncovered all that I needed to, that it started to improve . . . I still do have stuff that comes, but a lot of the terror and panic doesn't come because I can stay a lot more in the present. It still upsets me, but it isn't the same like before when it would just literally just take over and put me in a whole different place. (Sharon)

Just prior to remembering the abuse, Angelica had come to an awareness that she was avoiding or "stuffing" her emotions, particularly her fear of being alone. She and her therapist had planned an "alone day" for the purpose of exploring these feelings. Before her alone day, Angelica felt overwhelming anxiety that resulted in her legs becoming swollen and inflamed. Her intense emotional and physical reaction to the prospect of spending a day alone puzzled her.

She spent the alone day listening to some of her favorite music and reflecting on the fact that she often didn't feel loved in relationships even though she knew intellectually that many people loved her. While trying to understand this, she thought of many people.

> Lots of people came to mind, but then at one point, I thought of one particular uncle, actually he's my great uncle. And I remember, I began to cry. It really, just the thought of him really upset me. And I remember, I remember thinking he was a very mean person. And I tried to focus on why, why I thought that he was mean. And I remember, at that point, I had a physical, an honest physical pain wrack through my left shoulder. And I remember feeling him grab my shoulder. And I could feel it, it hurt so bad, even though I was sitting by myself, I could actually feel it. And my whole shoulder started to throb. (Angelica)

Angelica then remembered the details of her uncle's sexual assault when she was six years old. In addition to remembering and experiencing some of the physical pain, she remembered the experience visually as well. One of the details she remembered was turning her head so that she didn't have to look at her uncle and focusing her eyes on something across the room. She also remembered her uncle saying that no one would ever love her. She realized at this time that the abuse had affected her ability to feel loved in relationships. She cried throughout the experience and was totally exhausted when it was over. It was fortunate that she journaled this experience because she "blocked most of it out again" until the following week when she went for her counseling appointment.

Telling her therapist about the abuse was quite difficult. She remembered more details about the event and described herself as being "in shock" by the end of the session.

> And I was in shock for a couple of days . . . And I remember having panic attacks, I remember feeling great paranoia, like someone was following me. And I remember thinking that I was going to lose it. (Angelica)

During this crisis period, she went back and forth between having panic attacks and then feeling numb. Angelica realized that she "couldn't lose it" because her family needed her, but she also knew that she needed help. Her family and friends were extremely supportive. In addition, she found that prayer had a comforting effect on her that enabled her to get through this difficult time.

An important part of the process was disclosing the memory to first her therapist and then her parents. When Angelica told her parents, they believed her. The abuser's behavior toward the family over the years was additional confirmation to them that the abuse had happened.

At the time of this interview, Angelica had only had one memory of a single abuse event. She didn't know if she had been sexually abused at other times. Subsequently, she has recovered other abuse memories and has continued therapy.

Patricia went for therapy because she was having difficulty being physically intimate with her husband. After the first session, she realized that her father's behavior towards her as an adolescent was sexually inappropriate. Before her second session, she had her first memory of being sexually abused by her father. Later, she remembered being violently raped in junior high by a teacher. Pat remembered the abuse over a period of a year. She experienced the memories as flashbacks that were precipitated by a feeling of anticipation.

> Lying in bed, I had felt rather strange just before, like I said, not really ill, but just a bit under the weather, like something wasn't right and that seemed to be an indicator for every other memory that I've gotten back too . . . Often times a really, at least later on with some of the more intense memories, of waiting, waiting for something. Something was going to happen. I didn't know when, but it would be a full body experience, like it would be like I was really, really waiting for something to happen. Sometimes it would feel like something was going to come up behind me or I was going to run into something and it would be rather tactile. There would be, it is really hard to describe. Well, if you have ever had an adrenaline rush, it's like a very low level adrenaline rush for, depending on the intensity of the memory that came back, it would be maybe just a couple of hours before or with one case, it was about four days of off and on, "Something's going to happen, but what?" (Patricia)

> The feeling of anticipation would be gone as soon as the memory happened. It would not come back until the next one was going to occur. (Patricia)

The flashbacks were visual, but at times they had strong tactile qualities.

Pat also experienced strong physiological responses in that she became extremely disoriented, nauseated and dizzy. The memory of being raped by her teacher was particularly disruptive.

> Q. What kinds of emotions, or what was the experience like after you actually got that memory?
> A. I was in shock for a week. I was actually just wandering around. I don't remember what I did. I just wandered . . . I felt like I was wrapped in cotton. Sounds were muted, sights were muted, I don't remember my school for that week. I know I went to class but whether I got anything from it or not. I did not want to talk to people, I did not want to talk. I would just stand there . . . it was like I had no volition of my own. I just wandered. Nothing. And all that would run through my head was, "I was raped. I was raped. I was raped." It was a broken record. And that's what it was. Maybe the days were sunny. I don't know. Maybe they weren't. I don't know. That was for about a week. (Patricia)

Although the reality of the abuse was a great shock, Pat was certain that this had happened because of the nature of the remembering experience. She experienced the flashbacks as if the abuse were happening again. In addition, her memories explained many things that she had always wondered about. In light of her memories of being forced to perform oral sex, her inability to put things into her mouth without gagging and her tendency to be nauseated with certain smells like semen, now made sense.

Pat noted several other elements of the flashback experience and the recovery process.

> . . . during the actual memory, a lot of the emotions were actually shut off . . . I think because otherwise it would be too overwhelming.
> Q. Okay. So you didn't actually feel anything when you were getting it back.
> A. Other than the very tactile, the dizziness, the nausea, these did occur .

> . . More of the physiological sensations, but afterwards then the emotional showed up. That's when I had to deal with them, "Why me? Why did it happen to me? Why did they have to do this? I feel so dirty. I feel so angry. I feel so confused." All of the emotions showed up after the memories occurred. And they were the hardest part to deal with. Because it was like, "How did I deal with these now? I have never known how to deal with them before. Now what do I do?" That's where the therapy came in very handy . . . (Patricia)

Pat continued to work in therapy to process the memories and her feelings. During this time, she functioned poorly and slept a lot. Pat has told her extended family about the abuse and they have been quite supportive. Now when Pat remembers something about the abuse, she doesn't have flashbacks. A piece of information simply comes to mind. She finds that this is not as disruptive as the flashbacks were and it takes less time to assimilate.

Elizabeth was almost twenty and had just finished her first year of university when she started recovering memories of childhood sexual abuse. Just prior to remembering the abuse, she had a strong sense that she had been abused. Shortly after getting her first memories, she confronted her older brother about his abuse. He admitted having been cruel to her, but denied having molested her. Although the memories came in different ways through different sensory modalities (i.e. visual, auditory, tactile), a general pattern emerged. The following quotes describe that pattern as well as the diversity that was a part of her experience.

> But I found that for the most part, before I would have a memory I would get really, really sad, and start crying uncontrollably and then I would have this memory and I would be terrified. It seemed that I would get memories from different points in my life. There was no real order . . . I didn't follow a chronological order of the abuse that had taken place. It seemed like, I remembered worse things afterward. (Elizabeth)

> Sometimes I would just get these pains, but there wouldn't be a picture. I would get something auditory, I would remember something he had said or sometimes there would be an image with it. Sometimes I would just know that this had happened. A certain thing had happened. (Elizabeth)

> When I would have these memories, sometimes I would be really scared inside and I would be shaking. A lot of times I would be crying uncontrollably because I had no awareness that anything like this had gone on in my life. Sometimes I would get sharp pains in my stomach or in my internal organs, such as, my vagina, uterus and anus and I would be doubled over in pain. But the process of remembering took about a year and a half. It was very long and involved. Mostly I would have images or pictures of things that had happened. (Elizabeth)

> When I would get images, it would just be for a moment. Momentary flashes and I would remember. I would be upset and that would go away and something else would come up later on. The longest I have ever experienced a flashback for was probably maybe close to a half an hour. I just felt like I was in that place again. I felt like I was eleven and that someone else was controlling me. It seemed like I was in a trance really and I had trouble pulling myself out of it. (Elizabeth)

Remembering the abuse put Elizabeth into a deep depression. She started therapy because she knew she needed help to cope with the memories. At first, Elizabeth had some doubts about the factuality of her memories because the reality of the abuse was horrifying to her. She struggled with this until she found evidence that validated some of the specific memories she had. For example, she found a drawing her brother had done of an abuse incident that she remembered.

She also told her parents about the abuse. Their lack of support was devastating and left her feeling alone and trapped. This made the recovery process more difficult.

Julie started remembering the abuse after attending several seminars that addressed emotional healing issues. The memories came to her in pieces that slowly came together to form a whole event. The memory pieces came in different ways. The following examples illustrate this.

> . . they were more like images that would come back. For example, one day I'm walking up the back stairs in my apartment and I feel like I'm choking and I turn around and there is nobody behind me. I think, "Well, that's strange. There is nobody behind me." But still that sensation of choking. And then going into the apartment and feeling like you want to throw up, but you know, nothing's happened. And then thinking it through, saying, "Okay, where's this coming from?" And then realizing that that came from seeing a hairy arm pinning you down and that's where that choking feeling was coming from. Then later, usually it would take a couple of weeks in between the sensation and then getting some of the memory back and then finally realizing, "Oh, that was my father that was doing that." And not remembering the rest of why he was doing it at that time. (Julie)

> . . . I almost had to stop the car to throw up. Like I'm gagging, but it's not, if you're sick, you throw up, but it's wanting to gag. So you have to run into your apartment and usually I'd have to make a conscious effort to ride that through so I would probably, I'd even be laying on the bathroom floor for a couple of days, like at night when I'd come home from work wanting to throw up or throwing up. And then finally the memory would come back and attach itself.
> Q. So you had to actually sit with those feelings until the memory would come?
> A. I had to sit and consciously do it because it is something that you don't want to do. Your body reacts to it. Like when you touch a hot stove, you don't want to, that's pain. So I would have to, and I would

> have to give myself permission to allow them to come. And it was really easy to want to shut them off and just escape, like into my fantasy life. Or into however I wanted to escape, into T.V. (Julie)

Julie's reaction to her memories was numbness and shock. At other times, she felt intense terror. Dealing with all of this was emotionally and physically draining and made coping with other aspects of life difficult. There were times when she literally had to "talk herself through" basic tasks, such as driving her car. After six months of trying to work through the memories on her own, Julie decided that she needed help and went for counseling.

Q. . . . Did you get memories in session with your counselor . . .

A. They would not come in session. I would usually get a part of a memory and then come into session and not be able to talk about it the first time. Or sometimes I would be holding it for a month and then have enough courage to bring in my journal and not even be able to open it, and next time come and open it and maybe start talking about it. And then maybe sometimes two months down the road, I would finally be able to speak the memory. (Julie)

The overwhelming quality of this experience is evident in this last statement. To be able to even speak the memories took time and could only be accomplished in small increments. Not only was the remembering process intense, it also resulted in an identity crisis for Julie, which she identified as one of the more difficult aspects of the experience.

> I was working full time at my job, with all responsibilities, living by myself. I thought I was doing pretty good because I was getting older. I had a secure job, I had, I thought pretty good friends. So that was a stun factor too because at thirty-five, you think you know who you are and then you don't know who you are.

> Q. You find this part of yourself that you didn't know about.
> A. Yes. It's almost like you have to dismantle everything you thought about yourself and start, that was part of the overwhelming feeling. Like if I could have suppressed this, then what else do I not know about myself. You know this must be kind of like a false image of myself. Maybe it is, maybe it's not. Maybe I have to explore who I really am. And then you have to go right to the beginning and then work up. (Julie)

Renee suspected that she had been sexually abused and entered therapy to deal with what she was experiencing. She had been having disturbing dreams and had reacted strongly to hearing her abuser's name. She had also experienced a flashback and the feelings of fear and guilt were overwhelming. After she started therapy, she began getting images of the abuse.

> I suspected something wasn't right. I think it was after I started working with Jane (her therapist). Very quickly after I started working with Jane where I would remember things like the floor, the ceiling, him having his hands over my face, kissing me. Seeing, I remember, seeing him and it was sort of all in bits and pieces at first, very much so. Like I remember, I think one of the first things I remembered was the floor in his bedroom and I can still picture it. Whereas I had totally forgotten that it had ever existed. And the feeling associated with it at the time when I remembered this floor was total fear. (Renee)

> Q. . . . Did you have any physical feelings with it?
> A. Yes, there was, even the, not so much at first, even being on the floor, felt like I was being laid on, it felt like something heavy was on top of me. When I recall, definitely one time, and this was in the office with Jane (her therapist) I'm sure, it must have been, is that I could watch the scene and I physically could feel everything. Yet, it's very confusing because what I'm doing is really looking on this scene from above. Yet, I can feel his physical body on top of me and the coarseness of his body hair and that stuff I could remember. Yet, I was watching it from somewhere, like I was watching a movie on television or something like that. (Renee)

> Q. When you were actually getting the visual memories back, when this

> was happening, what were you experiencing emotionally? . . .
> A. . . . It was fear. It was very much so at that time fear. And anxiety. You know, "What's happening?" Almost like something overtaking your body . . . I would feel this, "Oh! What's happening!!!" sort of thing. And then I would just sit and think about it and that's when the fear would come in and the guilt and everything, but initially it was almost like real anxiety . . . It's like seeing a ghost. (Renee)

Thinking and talking about the abuse with her therapist led to more memories of this time period in her childhood. Renee struggled with the emotional intensity of the recovery process. In particular, she felt extremely guilty for the abuse happening and for not telling someone about it at the time. She coped with the recovery experience by talking to her therapist about the memories and her feelings. During this six month period, she felt suicidal at times, functioned poorly and had difficulty sleeping until she had worked through several major issues related to the abuse.

> Q. So how and when did that start to shift for you where the tunnel wasn't so black?
> A. I think it was, Jane (her therapist) basically said to me, it was not your fault. And I had to be told that over, and over again. But, up until that point I never, I didn't have a memory of why I never told anybody. For a long time I did not know . . . It was major. And once I realized that, it almost set me free. And I also realized at that time that the guilt that I have always felt was there for a reason. I've always, I'm the type of person that says sorry all the time. I still to this day do that. In a conversation, in anything. And people say to me, "Why are you sorry?" I've always talked like that. But the guilt got much better after that. You know, I felt way better once I knew. And I had to tell my mom and dad what was going on. That was hard for me. That was really, really difficult for me. (Renee)

Renee felt much better after she told her parents about the abuse. They were extremely supportive. The whole family took a vacation together to promote healing as a family. The last major issue for Renee was her decision to not take action against her abuser. After she had worked through this decision, she was able to discontinue therapy and "get on with her life."

Part I Characteristics of the Remembering Process

When participants recovered memories of abuse events, what characterized this part of the process? How or by what means did the memories return? It is clear from their stories that the most common way in which participants recalled abuse events was by experiencing flashbacks.

Flashbacks are "sudden, intrusive sensory memories" (Briere, 1992, p. 21). As demonstrated in the women's accounts, flashbacks come in a variety of ways involving any or all of the sense modalities. There is usually a visual component in that the person sees a picture or has a mental image. The women talked about these pictures being quite vivid in detail. Renee commented on this aspect of her flashback images. "I could probably count the dots in the tiles in the ceiling that I could see . . . They were very vivid. There was nothing fuzzy about it. But at the beginning that is all I would see."

The last part of Renee's statement refers to the fact that some of the women had flashbacks and didn't understand the meaning of what they were seeing until later when they had images of the abuse itself. This brings out another aspect of the visual images. Sometimes participants saw pieces of events or scenes and other times, they watched the entire abuse event in a single flashback. For example, Julie's flashbacks came in an extremely piecemeal fashion. They often started with a physical sensation, like choking or nausea. Later a visual image might follow. As the pieces accumulated, she was able to put them together into a whole event. Angelica's experience was different from Julie and Renee in that her first flashback was of the entire sexual assault by her uncle. Generally, most of the women saw parts of abuse events first and later the pieces came together to form a whole scene.

Another aspect of the visual quality of flashbacks is the person's visual perspective. The following quotes illustrate the different ways in which this can occur.

> A. With a lot of these flashbacks I would have I was always seeing them from the other side of the room, like I wasn't in my body . . .
> Q. So when you got the flashback, it was like you were looking from a different perspective at what was happening.
> A. Yes, like someone else was feeling it, not me. (Elizabeth)

> At first, the floor, I was laying on it. What I saw of the floor was when you are laying on top of the floor. I remember seeing a lamp. The lamp was on a table. I was laying on the floor seeing a lamp . . . Eventually when I heard (when sound was added to the scene), the scene would be played out to me, but at that time I was watching from another place . . . It was like I was floating on the ceiling. (Renee)

> . . . it felt like something heavy was on top of me . . . I physically could feel everything, yet it's very confusing because what I'm doing is really looking on this scene from above. Yet I can feel his physical body on top of me and the coarseness of his body hair and that stuff I could remember. Yet I was watching it from somewhere, like I was watching

> a movie on television or something like that. (Renee)
>
> The first one, it was really strange because it was in black and white except for the towels I was grabbing. They were the colour they were at the time. There was a little bit of tactile there, i.e. I had to know that the object that I was sitting on was sharp. But other than that it was sort of like me seeing it. . . . I was sort of, you know, doing the panning thing with cameras. I was sort of up on the, I think it was, the right shoulder looking down . . . There was the physical feeling of sitting on something. And other than that the rest was seen. (Patricia)

In the first quote, Elizabeth is watching from the ceiling as if the abuse is happening to someone else. In the second quote, Renee's perspective started out as one in which she was fully in the scene. She saw everything as if she were lying on the floor. However, as she got back more pieces of the scene, her perspective shifted to that of an observer. In the third and fourth quotes, Renee and Patricia are in the scenes in that they are feeling some of the physical sensations, but visually their perspective is that of an observer. Patricia experienced a subsequent flashback differently in that she was not observing the abuse, but was fully in the scene both visually and physically.

These examples demonstrate that a person who is having flashbacks can experience them from different perspectives. The person can be in the scene, can be an observer, or can experience a combination of observation and participation. In addition, the person's perspective may shift from being in the scene to being an observer or it may change in the opposite direction. It seems reasonable to propose that visual perspective is a particular kind of connection with what is being seen or experienced. Therefore, a shift in perspective represents a change in the person's connection with what is being remembered. An explanation of how and why this type of change may occur is explored in the discussion chapter.

Another important aspect about flashbacks that is talked about in the previous quotes is the involvement of other sensory modalities. Participants made numerous references to hearing, smelling and/or physically feeling different parts of the scene that they were remembering. In a flashback, any or all of the sense modalities may be engaged.

> Sometimes, I could hear things he'd said to me or I could hear him laughing. (Elizabeth)
>
> The sound came in I'm sure about that time. . . Laughing, and it wasn't a fun laugh, it was more of a, "ha, ha, got you" laugh. It was evil. To me it was evil. And that came into it. (Renee)
>
> I could feel the thumping against my pelvic bone. I could feel the nausea. I could feel the dizziness, and there was a great deal of it. And it was just very, very whole body. (Patricia)
>
> Oh yeah, I forgot a real important part in the flashback that triggered the whole thing that made me sort of wake up from the nap. It was a smell. I could smell smoke. I thought someone was in the house with a cigarette, but no one here smokes. And so I woke up and I could smell smoke. And I thought, "This is nuts." And I thought I must not be smelling smoke because no one was in the house. No one was smoking, so I knew it was something I was experiencing. (Sharon)

Although there is usually a visual component, flashbacks are not always visual. Julie and Angelica experienced bodily sensations that seemed to be a reliving of the abuse they had suffered, before they had images of the abuse. Angelica's flashback experience started out with a physical pain in her shoulder.

With this pain came the memory of her uncle grabbing her there before sexually assaulting her. Julie felt a choking sensation and later had a visual image of an arm pinning her down. For both of these women, visual images of the abuse came after they felt the physical sensations of being abused.

Another notable aspect of experiencing memories physically was found in Sharon's account.

> At one time, after I had had a series of stuff back, I was covered in hives and had to go to the hospital for a shot. Another time I had, which matched a memory, I had physical marks on my legs, gouges. And I was in a locker room, actually. And I had just got this memory back. I was swimming in the pool. I had just got stuff back that the smell of chlorine triggered. And I got this back and I noticed this little kid looking at my leg. And I looked and it freaked me out because I had these deep red marks on my leg. And I touched them and there was nothing there. But they were like marks and they weren't gone for like three hours. Really weird, really weird. And it matched the memory kind of thing, except it was really disturbing. (Sharon)

Sharon was the only participant that disclosed this type of physical phenomenon. However, all the women talked about physically re-experiencing different aspects of their past abuse.

Participants' experience during their flashbacks differed in other ways as well. Generally, flashbacks were experienced as being intense and terrifying. Some of the terms with which the women described their experience included: feeling paralyzed, panicked, terror, anxious, upset, nauseated, dizzy, intense sadness, hatred, and a sense of horror and disgust. They also talked about different physical sensations that included pain, choking, gagging, a sense of weight on top of the body or on chest area and other tactile sensations unique to the abuse event. The following quotes illustrate the variety of physical and emotional involvement during a flashback.

> Q. . . . When you were actually getting the visual memories back, when this was happening, what were you experiencing emotionally? . . .
> A. When I would feel those, when I would see these things, at that moment, it was fear. It was very much so at that time fear and anxiety. You know, "What's happening?" Almost like something overtaking your body . . . It's like seeing a ghost. (Renee)
>
> . . . And that was all that memory was. It was rather quick, but very tactile. Like I could really, really feel everything. (Patricia)
>
> . . . it wasn't too long after I had started going to see her that I got this other memory back . . . I just remember it was very quick. And in this one I just saw it. I didn't feel anything. (Patricia)
>
> . . . During the actual memory, a lot of the emotions were actually shut off . . . during the actual instances when these things did occur, the emotions were shut off. I think because otherwise it would be too overwhelming.
> Q. So you didn't actually feel anything when you were getting it back?
> A. Other than the very tactile, the dizziness, the nausea, these did occur . . . More of the physiological sensations, but afterwards then the emotional showed up. (Patricia)
>
> When I would have these memories, sometimes I would be really scared inside and I would be shaking. A lot of times, I would be crying very hard because I had no awareness that anything like this had gone on in my life. Sometimes I would get sharp pains in my stomach or in my internal organs, such as, my vagina, uterus and anus and I would be doubled over in pain. (Elizabeth)
>
> . . . when I actually got the memory, I felt physical pain. I felt physical anxiety like I had never ever felt before. I felt hatred and I felt all kinds of, like a gamut of things that I felt very strongly . . . I could feel that person grab my shoulder and I had a searing pain through my shoulder in my living-room sitting all by myself, sitting there I could feel that pain in my shoulder . . . as I remembered lying on the floor crying and pulling

> my forehead together and feeling the pain, I sat in my living-room and felt the same pain and my whole head hurt right above the bridge of my nose . . . Thirty years later, I felt that pain in my head. (Angelica)

The overwhelming nature of the flashback experience is clearly evident in these accounts. How these women dealt with this aspect of the remembering process is discussed in the next section.

In terms of duration, the women talked about their flashbacks lasting from seconds or momentary flashes to as long as thirty minutes. Regardless of objective measures of time, participants agreed that from a subjective viewpoint, their flashbacks "seemed to last forever." Experiences just prior to flashbacks varied also. The women talked about experiencing unusual things, such as, intense sadness, panic, crying very hard, feeling ill, disoriented, paralyzed, and/or restless prior to having a flashback. Some had a sense of waiting for something to happen or a sense of something building up to be released. These precursors were not always recognized as signals of a coming flashback. They were often identified as the women reflected on their experience. If they had many flashbacks, they learned to recognize these signals and prepared themselves for what was to follow. The following quotes illustrate their different experiences.

> I called a friend because I found my self slipping away. I was dissociating very, very badly. I didn't know why . . . I never said anything other than to tell him to talk to me because I didn't know why I was slipping away, so to speak. (Patricia)

> I felt my body just, it was just a very strange feeling, I felt, panic. I couldn't feel my body. It was like I was paralyzed, totally paralyzed,

> like how you get in a dream when you're telling yourself to wake up, but I wasn't dreaming. I was conscious. (Sharon)

> . . . it would be like I was really, really waiting for something to happen. Sometimes it would feel like something was going to come up behind me or I was going to run into something and it would be rather tactile. There would be, it is really hard to describe. Well, if you have ever had an adrenaline rush, it's like a very low level adrenaline rush for, depending on the intensity of the memory that came back, it would be maybe just a couple of hours before or with one case, it was about four days off and on, "Something's going to happen, but what?" . . . The feeling of anticipation would be gone as soon as the memory happened. It would not come back until the next one was going to occur. (Patricia)

> Some of them would just, I don't know, they would come out of the blue. But I found that for the most part, before I would have a memory, I would get really, really sad and start crying very hard and then I would have this memory and be terrified. (Elizabeth)

Although participants generally had signs of a coming flashback, the last quote points out the fact that this was not always the case. Renee was the exception to the general trend in that she remembered no prior warning as to when her flashbacks would occur. She said that most of them seemed to come "out of the blue". "I think because I was doing so much thinking about it that I was starting to remember things all the time." (Renee)

Renee's statement suggests that focusing on the abuse memories that she had, enabled her to remember more. This certainly fits what we know about remembering the past. Everyone has had the experience of thinking about a past event and consequently, remembering further details or other memories related to it. It is also possible to come in contact with things in the environment that act as memory triggers. We see, hear, touch, taste or smell something that brings back a memory of our past. Most of the participants talked about their flashbacks being triggered in this manner. There were many different ways in which this could happen.

> . . . all the memories I recovered, all started with a smell . . . when I think of how it came, I guess the smell would be the first thing. And then a large chunk of them would be visual, but it would also have strong body stuff. (Sharon)

> . . . aloneness was sort of what brought it on and I guess the aloneness is what I feared for so long and I think is what I suppressed all these years . . . I would eat so that took away the aloneness so I was okay. But on that alone day, I was not allowed to eat other than my scheduled meals. I could not just eat for anxiety sake and so that's what I think triggered everything. (Angelica)

> I always have my memories at home. Probably because I don't feel safe enough to have them anywhere else. But usually it will be something someone said, or something I've smelled, or you know, as you have seen with the other memories, there is usually something that goes on before. It could be a day before, it could be a week before. But something usually happens and then within a period of time, I will remember. (Patricia)

> I walked into this old house . . . Just as soon as I stepped into the room, it was like my world just started spinning. And I got out of there as fast as I could and I knew that it had turned into some kind of memory. A very intense one . . . The room reminded me of the room where I had been sexually abused. I don't know if it was the layout of the room or if it was upstairs, but it reminded me. (Julie)

As previous quotes demonstrate, memory triggers contained personal meaning for each participant and therefore, were usually different for each person. It is important to note that they were generally present before the flashback occurred. There were exceptions to this as noted by Renee and Elizabeth that some flashbacks "just seemed to come out of the blue".

Other significant common features of the flashback experience included experiencing the past as present or reliving the past abuse, a felt loss of control, and remembering parts of the abuse over time. All three of these things are related, but the last two issues can be understood in light of the first one; experiencing past as present.

The women described the flashback experience as reliving of the past abuse. This is qualitatively different than simply thinking about and remembering a past event. The following quotes demonstrate this phenomenon.

> So he (a friend) was talking to me and all of a sudden I just faded right out. The room disappeared and I was in a very different room. This one was very, very real. A lot of sights. (Patricia)

> I didn't say anything during the time that I was getting the memory back. It was all being relived inside . . . I wanted a connection, I needed a connection because I didn't know what was happening this time. It was very strong and I'm like "Whoa!" because I felt like if I disappeared now I wasn't coming back. And it was very strong, and so yes, and the connection helped because as soon as the memory was ended, this time it was like struggling to come back. With most of the other memories, they ended, I was back. I might have been numb, but I was back in the world. With this one it was like I had to travel through layers of something . . . Then as soon as I was finished reliving that memory, I went and wrote it down. (Patricia)

> The longest I have ever experienced a flashback for was probably maybe close to a half an hour. I just felt like I was in that place again. I felt like I was eleven and that someone else was controlling me. I seemed like I was in a trance really and had trouble pulling myself out of it. (Elizabeth)

> I still do have stuff that comes, but I lot of the terror and panic doesn't come because I can stay a lot more in the present. It still upsets me, but

> it isn't the same like before when it would just literally just take over and put me in a whole different place. (Sharon)

These quotes highlight the dramatic and intense quality of the women's experience. They talked about being "taken over" and "put in a different place", and then re-experiencing many of the sights, sounds, and feelings that they experienced at the time of the abuse. Some of them talked about their difficulty in "getting back to the present" after these intense experiences. Most of the women talked about feeling numb or being in a state of shock after having a flashback. Some described themselves as being dissociated for a period of time.

Interwoven in their descriptions of reliving the abuse are statements about their sense of having lost control. Patricia talked about feeling the need for connection when the flashback started because she felt as if she would disappear and not be able to come back. Elizabeth talked about feeling as if she were "back in that place again" and "someone else was controlling" her. Sharon described her experience as being taken over and put in another place. All of the women talked about this sense of powerlessness and their fear of having lost control.

Reliving the past and a sense of powerlessness are connected in that one of the things that makes an experience traumatic is the sense of having lost control while something terrible is happening. It is not surprising then that flashbacks of past abuse are accompanied by a sense of powerlessness. This may have two sources in that the person is re-experiencing the loss of control she felt at the time of the abuse and that she presently feels powerless to stop the flashback itself.

In light of the intense nature of the flashback experience, it makes sense that the women talked about remembering parts of the abuse over a period of time. This issue has been mentioned earlier, but should be noted again. There was a gradual unfolding of the reality of the abuse for all the women. For some, it was extremely piecemeal in that they had flashbacks of parts of events or scenes. There were occasions when several of the women remembered whole abuse events, but no one remembered all their abuse in a single flashback experience. Each woman remembered her abuse history through a series of flashback experiences that occurred over time. Given the intense and disruptive nature of flashbacks, it is likely that time is required to integrate this experience, as well as, the reality and the meaning of abuse memories.

Given that the remembering process occurred over time, were there any changes in the overall process? Several of the women talked about this and identified parts of the remembering experience that changed for them over time. Elizabeth noted that her most disturbing memories seemed to come later in the process. Her first memories were quite disruptive, but the memories that came later were even more difficult to bear. Although Elizabeth was the only participant to specifically mention this, this trend is evident in several other stories. For example, both Sharon and Renee had flashbacks of events surrounding the abuse before remembering the actual abuse.

Another aspect of the process that changed over time for several of the women involved the element of control. Some of the women talked about gaining the ability to stop or postpone their flashbacks. For example, Patricia talked about stopping a flashback because she was getting physically ill and did not want to remember anymore. Julie said that later in the process, she was able to recognize when something had triggered a reaction. She was able to postpone exploring it until she could do it privately. An example of this was quoted previously. Julie stepped into a room that reminded her of the room in which she had been abused. She had a strong physical response and recognized what was happening. She immediately left the room and was able to stop the memory from coming until she got home. This indicates that gaining some familiarity with the flashback experience resulted in some degree of control for some of the women.

Several of the women talked about differences between their initial flashback experiences and the present way in which memories come to them. In particular, Sharon still gets memories of the abuse, but they are less disruptive in that she doesn't experience the terror and panic that she used to feel. She attributes this to her ability to "stay more present" while she is remembering. Patricia said that she no longer gets flashbacks, but does remember things about the abuse. Now memories come simply as pieces of information that are not as difficult to handle as the flashbacks were. All of these examples demonstrate the types of changes that can occur in the remembering process over time.

In summary, participants remembered their past sexual abuse primarily through a series of flashbacks that occurred over a period of time. These "sudden, intrusive sensory memories" (Briere, 1992, p. 21) came in a variety of ways that involved any or all of the senses and could be experienced from different perspectives. The women talked about reliving the abuse and about their sense of powerlessness while having flashbacks. Some of the women spoke about the process changing over time in that they had a better understanding of the experience and were able to control their flashbacks to some degree. In addition, they learned how to keep themselves more grounded in the present, which lessened the intensity of the flashback. Generally however, flashbacks were experienced as being intense, terrifying and overwhelming.

Part II Coping with and processing intense feelings and memories

In what ways did participants react to remembering the abuse? How were they affected by the flashbacks? Once the memories returned, what issues did participants have to deal with and how did they heal? How did they cope with and process their feelings and the memories?

Reactions to the memories

The answer to the first part of these questions involves a description of participants' reactions to recovering abuse memories through flashback experiences. We have discussed the variety of experience during a flashback, but how did the women react physically, emotionally and mentally after they remembered the abuse? Generally, there were two types of responses. The first type was a "numbing response". The women described this experience with terms such as "feeling numb, shocked, stunned and dissociated". A numbing response was often the initial reaction to follow a flashback, but it could also occur at other times in the process. This reaction was characterized by some level of disengagement with their surroundings and with emotions. This could manifest in a number of ways. Angelica described herself as having no interest in anything. Patricia talked about not being aware of what was happening around her, of losing her will, and of mentally obsessing about the abuse. Sharon had the sense that she was observing herself perform her regular routine, but she was not in the experience as a participant.

> Q. And so finally the image came . . . You mentioned the first time you were stunned. Was that usually what happened?
> A. The initial response was, "I'm numb." Feeling totally numb. It was almost like your body would go numb. (Julie)
>
> Q. What kinds of emotions, or what was the experience like after you actually got that memory?
> A. I was in shock for a week. I was actually just wandering around. I don't remember what I did. I just wandered . . . I felt like I was wrapped in cotton. Sounds were muted, sights were muted, I don't remember my school for that week. I know I went to class but whether I got anything from it or not. I did not want to talk to people, I did not want to talk. I would just stand there . . . It was like I had no volition of my own. I just wandered. Nothing. And all that would run through my head was, "I was raped. I was raped. I was raped." It was a broken record. And that's what it was. Maybe the days were sunny. I don't know. Maybe they weren't. I don't know. That was for about a week. (Patricia)

> And at some point I just, at some point I got control of it, or something. I couldn't have any more, I just didn't want any more. I just kind of snapped out of it. Literally, I got off the couch, and I remember feeling, part of my mind thinking this is weird. I felt I wasn't there. I wasn't there. I know I wasn't there, but I know I felt like a robot. And I just went about like nothing had happened. We had supper. And I had a feeling that I was just watching myself. And I stayed that way for the whole week. (Sharon)

> Basically, I blotted it out again even after remembering it until the following week when I went to see my psychologist . . . I went to my appointment and went through all of it again, in detail, and that was the hardest thing I'd ever done in my whole life and I was in such shock . . . It's really numbness, real honest numbness and no interest in what's happening around me whatsoever. (Angelica)

Participants did not always have a numbing response after having a flashback. The second type of response was experienced as an overwhelming flood of emotions. Some of the women talked about having this second response immediately after experiencing a flashback. All of the women said that they felt intense and overwhelming emotions at various times throughout the remembering process. The women talked about "feeling horrified, terrified, panicked, paranoid, crazy, out of control, powerless, anger, rage, confused, shamed, depressed and/or guilty". On these occasions, the women were overwhelmed by extreme and intense emotional reactions.

> I remember having panic attacks, I remember feeling real paranoia, like someone was following me. And I remember thinking that I was going to lose it. I remember thinking, "I'm going over the edge here. They're going to take me to the loony bin." . . . the paranoia, the fear, just the real feeling of going to lose control completely. Like really going to lose control. And I felt like screaming, but I couldn't. It was sort of like something inside was screaming really loud, but it wouldn't come out, like I couldn't scream. (Angelica)

> And I also began to remember the kinds of abuse that my brother had engaged me in and it was really, really horrifying. It sent me into severe

> depression and I almost ended up being hospitalized again. But I managed somehow to keep myself together and I continued the therapy and I was alright. (Elizabeth)

> . . . but afterwards then the emotional showed up. That's when I had to deal with them. "Why me? Why did it happen to me? Why did they have to do this? I feel so dirty. I feel so angry. I feel so confused." All of the emotions showed up after the memories occurred. And they were the hardest part to deal with. Because it was like, "How did I deal with these now? I have never known how to deal with them before. Now what do I do?" (Patricia)

Most of the women talked about experiencing both types of reactions throughout the recovery process; either a numbing response or an intensely emotional response. Angelica's description of this is helpful in understanding the interaction between the two different types of responses.

> Q. . . . You mention having panic attacks. What were those like for you and how did this fit with the numbness that your were experiencing too?
> . . .
> A. It went back and forth. Quite often back and forth. The numbness was very often after I could get over the panic attack kind of thing. Panic attacks were kind of like the pit of my stomach, like my insides had turned into jello and everything was jiggling like really fast . . . and so tense, like every muscle is tensed. And then normally the numbness I think would come after that . . . it is so exhausting to be in that kind of state that afterwards I was just like "ugh", you know, completely numb. (Angelica)

For Angelica, the numbness appears to have given her a break from the intensity of the panic and paranoia that she felt. It seems likely that the numbing response serves a regulatory function in that it protects the individual from being totally overwhelmed. The fact that most of the women had a numbing response immediately after experiencing the intensity of a flashback also supports this idea.

In light of the overwhelming nature of the remembering process, it is not surprising that all of the women reported that they were not able to function well during this time. They talked about feeling exhausted and drained. Most of their energies were focused on coping with what they were experiencing and on basic tasks that had to be done. Some were able to continue working, but lightened their workloads as much as they could and tried to take breaks whenever possible.

Findings ways to accept and contain the trauma

This brings us to the second half of the original set of questions. During this difficult time, how did the women cope with remembering the abuse and with the intense reactions they experienced? How did they process the memories and their feelings? What issues arose during this time and how did the women heal?

In understanding the answer to these questions, it will be helpful to return to a theme that was explored in first part of the analysis. Prior to getting memories of abuse, it was noted that participants experienced an increasing awareness of themselves and of sexual abuse issues. The women's responses to this increasing awareness and the resulting shift in their perspective divided into two general categories: moving toward versus moving away responses. "Moving toward" responses were defined as those that increased awareness and "moving away" responses decreased awareness. It was noted that the purpose of moving away responses may be to allow time for the integration of overwhelming realities. The fact that knowledge of the abuse came in a piecemeal fashion for all the women tends to support this notion. For each woman, there was a moving back and forth between these two types of responses all the way through the remembering process. I called this the "yes/no tension". There are many variations of the yes/no tension, but it is rooted in both a desire to know more and a fear of knowing ("yes, I want to know" versus "no, I don't"). This tension underlies the entire process.

The reason it is significant at this point in the discussion is that having flashbacks of the abuse signifies a significant shift in the "yes/no tension". Most of the women suspected or had a sense that they had been sexually abused before they had memories of it. However, having a flashback of the abuse was a qualitatively different experience than sensing that they had been abused. Now they had sights, sounds, smells and feelings. Now they had an event, a memory of being abused. Recovering a memory of the abuse signifies an important shift in awareness and perspective. The survivor is then left with the problem of finding a way to accept the reality of the abuse and contain it. I use the terms "accept" and "contain" because trauma by nature is overwhelming as it has been demonstrated throughout this discussion. The task of survivors is to integrate the traumatic experience into the rest of their experience. The difficulty of this is multifaceted. The following quote gives some understanding of this experience.

> After that, well for that evening and the next day, of course I felt very, very strange in that everything within me was trying to accept this and at the same time was accepting it because it explained so many things. Why I had such a problem with certain smells, because the smell of semen has always made me nauseous, no matter what, and of course the toothbrush because I've always wondered and all of a sudden, this all came into place. So it was a relief to know, but at the same time this was my father. And it's like, "Whoa, I love this man, but I hate this man. I don't want to see this man." And so that was really rough . . . And that was a very big shock because there was no way I remembered any of this. Like it was just mind boggling. I'm like, "Whoa!" But at the same time, I knew it was very, very real. There was no doubt in my mind that it was very, very real. (Patricia)

Patricia's comments bring out the tension and conflicted emotions. ". . . everything within me was trying to accept this and at the same time was accepting it . . . I love this man, but I hate this man." She was relieved to know that the abuse happened because it explained many things with which she had struggled. But it was also a "shock" and opened up new issues that had to be worked through. Julie also talked about her experience of working through the reality of the abuse after she had remembered.

> It's like an identity crisis, like I didn't know who I was, I thought like if I suppressed all of that important information, then who really am I. So I went through a process of dismantling it. It felt like a false image I had put on myself . . .So to some extent, the person that I was, wasn't the real person. Like there had to be some things that I think had been retained about myself. Some things I shed and let go because that was just like a defense thing against, a hardening thing that I had to do against the abuse to be able to survive. (Julie)

The nature of trauma is that it challenges us and calls into question everything that we thought we knew about our experience in the world. This is especially true when recovering memories of abuse that have been repressed. Julie described her journey through this time as one in which she dismantled the false image of herself and discovered the real self. How was the dismantling and the rebuilding done? How did the women describe their recovery experience?

The basic task was one of integration. Somehow the reality of the abuse had to be worked into the women's existing experience. What was the common thread or basic movement by which integration was accomplished? Integration occurred in the same way that the remembering process started. At the beginning, there was increasing awareness. The women became increasingly connected with themselves and with knowledge of abuse issues. As this process continued, they reconnected with abuse memories through flashback experiences. Integration of these memories and the emotions that accompanied them was the continued process of making connections. This resulted in shifting perspectives. As it was noted earlier in the discussion, shifting perspective led to more connections being made and can be viewed as a cyclical process. The continued shifting perspective gradually incorporated the reality of the abuse into the women's experience.

What did the integration process look like at an experiential level? The women talked about remembering the abuse in a piecemeal fashion. Integration involved taking the "pieces" and connecting them. For example, all of the women had experienced difficulties in their present lives that they did not understand. Julie had trouble drinking water and eating sausages. Patricia could not be sexually intimate with her husband. In addition, the smell of semen and brushing her teeth caused her to gag and to be nauseous. Angelica did not understand why she had difficulty feeling loved in her relationships. Sharon did not know why she was chronically depressed or why she thought about suicide. After they remembered the abuse, the women connected these present problems with the past abuse. In light of the abuse, their present difficulties made sense to them. The present "pieces" that had been mysteries, now had new meaning when connected with pieces from the past. This connection resulted in a new perspective on the present that incorporated the reality of the past. Connecting the past abuse with present difficulties is an example of one of the ways in which connections were made. There were other types of connections that were also significant in the integration process.

Connecting memories of the abuse to each other and to one's remembered past was an important part of recovery. As noted earlier, some of the women remembered pieces of events and over time were able to put the pieces together into an entire abuse event. Some worked to place their abuse memories in the context of their personal history.

> So that was the start of a very big piece of information and I wouldn't process that for a long time. I would just do it in bits in session in terms of just literally putting it into sequence because what I had was the whole weekend that had maybe eighteen pieces all over. (Sharon)

> . . . we talked about a lot of things, but I think because I was doing so much thinking about it that I was starting to remember things all the time. Little things that we put together. Like, I would do that with Jane

> (the therapist) and then I would remember even just sitting in the office I would remember major things at the office and that always sort of amazed me. (Renee)

> A.. . That was another thing that was helpful was a time line. I sat down and said, "Okay, I was born in nineteen-whatever," and went through every year of my life, where did I live, what did I do. So I asked this one family member, "Where are the different places that I lived?" So I could put the memories into the time line. But the memories I knew were true.
> Q. . . . As long as you could personally trace back to when this was and put it into a context, it wasn't an issue for you to get . . .
> A. To validate the memories, no. (Julie)

Integration was a piecemeal process as evidenced by the previous quotes. The women talked about having to process memories and feelings in "pieces" or incrementally because the experience was overwhelming.

> I had such a strong reaction to that. I didn't check it out with my sister right away. And I didn't tell my therapist about it. But I started seeing her about the end of November and I didn't even tell her about that until probably the middle of January . . . And so in January, I started talking about it. And I just knew that it was real scary. And any time that I tried to consciously think about it, I would just get into such a panic, I would just shut right down. (Sharon)

> They would not come in session, I would usually get a part of a memory and then come into session and not be able to talk about it the first time. Or sometimes I would be holding it for a month and then have enough courage to bring in my journal and not even be able to open it. And next time come and open it and maybe start talking about it. And then maybe sometimes two months down the road, I would finally be able to speak the memory. (Julie)

These quotes bring out another significant way in which the women connected their abuse experience. All of the women reported that telling someone about the abuse was an important step in the recovery process. Disclosing the abuse necessitated at least two types of connection. First, the women gave voice to their abuse experience. Most often this was not possible or did not happen at the time of the abuse. It was not sufficient to reconnect with the memories and the feelings. The women had to give their pain a voice. Telling someone else about the abuse was the way in which this connection occurred. Second, disclosing the abuse enabled the women to connect their experience with someone else. This helped decrease their sense of isolation provided that the disclosure was received in a supportive manner.

Telling family members, especially parents, about the abuse was identified as being an important step in recovery for most of the women. Disclosing to a family member may represent yet another type of connection in that a family member shares a common history with the survivor. Recognizing the reality of the abuse necessitates a change in how a family's history is perceived by all family members. Women that received a supportive response from family members talked about feeling relieved, affirmed and not alone.

> And I guess mom had prepared him . . . they had already talked and she had basically told him most of the details already . . . And I was so scared to go talk to my dad. Because it was always again the little girl not knowing for sure if her daddy was going to believe her. You know. It was still that whole issue. And so anyway, the second I came in the door he hugged me and I just collapsed in his arms and he believed it right away. (Angelica)

> But I have a favorite aunt and this woman is just remarkable . . . She was the first one I told outside of therapy and my husband. She was the first one I told. And that was weird. She would come up and we would spend really huge afternoons and she was really upset. But that made me

> feel so good. I didn't want her upset, but just the thought that . . . "Somebody really, really is hurting here for me." (Patricia)

> . . . telling my mom and dad was just major. It was really hard and once I did, I felt way better . . . We took a family vacation together this winter. With my mom and dad, my brothers and sisters and all the kids and that was a lot to do with this whole thing. My mom and dad felt that there was a real need for healing and family healing and so that's what we did. (Renee)

Women that were not believed or that were not supported by family members talked about feeling rejected and isolated. Elizabeth spoke of her experience of telling her parents about the abuse.

> It was very hard to deal with. I didn't have anyone to give me any real support. I told my parents about what had happened. My mother couldn't deal with it. I don't think my father really believed me. And I didn't have any friends who could really understand what that was like because they hadn't been through it themselves. So I was basically alone again. In a way it was almost like going through the abuse a second time. And I tried to tell my family that this was happening and they didn't believe me and it was like it was happening a second time. (Elizabeth)

Other aspects of the importance of disclosure are discussed in the following section (What was helpful/unhelpful?).

Another type of connection that was helpful and necessary was a continued increasing awareness of abuse issues and the personal application of this knowledge. This issue covers a number of different areas and is discussed at length in the next section. However, several examples would be useful in illustrating this point. Julie, Renee, and Patricia talked about struggling with overwhelming guilt about the abuse. More specifically, Renee and Patricia felt guilty for not telling someone about the abuse when it was happening. Julie felt both guilty and ashamed as she had become sexually aroused while being abused. With their therapists, they explored these issues. Their therapists gave them information concerning trauma and the ways in which children often respond. They also explored the individual circumstances in which the abuse occurred.

> . . . talking through how a healthy person would respond to an angry situation, or how a child responds to sexual abuse.
> Q. So kind of normalizing things and saying this is . . .
> A. This is how it works really. When a child is sexually abused it is terrifying, but yes, sometimes your body, it feels good to the body and instead of feeling shame, talking through it, you know. "Hey, you shouldn't have felt shame about your body, you know, you have a healthy body. The perpetrator is the one who's to blame." . . . Took the shame off a lot of incidences and the guilt. (Julie)

> And after that I had to deal with, "Well, what did I do wrong? What did I do? Was it because by age twelve and a half, thirteen I was already well endowed and did I do something?" And that was the main one. "What did I do? Could I have gotten away from this man?" But this was a man. Then when I went to therapy, you know, these were the things I would say to my therapist. And she would say, "Well, Pat, think about it for a minute. What could you have done? You have already told us that you might have been tied up." (Patricia)

> She (the therapist) really made me see that it was not my fault. That I was not, maybe I felt guilty, but I shouldn't. I didn't need to feel guilty. That took me a long time to get over. She continually worked with me in that respect . . . (Renee)

In these three examples, the therapists were able to provide relevant information and helped the women explore specific ways in which they were silenced and shamed. Increasing awareness of how they were impacted by the abuse as children enabled the women to change their perspectives with regard to feeling guilty and shamed. They were able to view the abuse and their responses to it in a more realistic context and consequently, were able to shift the shame and guilt appropriately to the abuser.

Summary of Section II

In summary, the women responded to remembering the abuse in two general ways: with numbness and with an overwhelming flood of emotions. It is likely that numbing responses served a protective function in that it prevented the women from being totally overwhelmed emotionally. Recovering memories of the abuse was a significant shift in awareness and perspective. The women then had to find ways of integrating this new reality into their existing experience. They accomplished this overwhelming task by fitting the pieces of their memories together in a variety of ways. Connecting past abuse issues with present problems, putting the abuse in an historical context, disclosing the abuse in a supportive environment, increasing awareness of abuse issues and personally applying this knowledge were some of the ways in which the women integrated their abuse experience.

In this section, the nature of the remembering experience was explored. It was evident that the process for these women was intense and often overwhelming. In addition, the process of integrating the reality of the abuse was explored in a global manner by noting some of the general ways by which integration was accomplished. The following section deals with this same issue from a different perspective. Section three looks at specific ways in which the women helped themselves through the healing process and at ways in which others were helpful/or unhelpful to them.

Section III –What was helpful/unhelpful?

Participants were asked what was helpful and/or unhelpful during the recovery process. The purpose of this question was to increase our understanding of this process. A greater understanding of fundamental needs and healing principles enables others to intervene more effectively with those going through this experience. The women's answers to this question generally addressed three main areas: self care, relationships with others, and therapy. The women noted all three areas as being important.

Self Care

All participants talked about the overwhelming nature of the recovery process and their need to cope with this reality effectively. There was a wide variety of things that the women did to enable themselves to face the pain of the past. As varied as their answers were, it was evident that the ways in which they chose to help themselves all addressed fundamental needs that arose during the process. Although self care strategies differed with individuals, the goals were the same.

Some of the things that participants noted as being important were recognizing and valuing their need to heal and the healing process itself. All the women reported being overwhelmed emotionally by the realization that they had been abused. Recognizing the damage that had been caused and its far reaching effects was important. Along with this recognition came a valuing of their need to heal. This is not to say that valuing their needs and the healing process came automatically and effortlessly. For most participants, recognizing and valuing the significance of the abuse and the healing process was something that they learned over time and often this was a difficult process.

> What was most unhelpful for myself as well that was it took me a while to really just, for myself just to make room for myself, not make it not take a back seat. Because it was very easy to just, everybody else was in the present day, so it was really easy to get these messages to get with it, just say, "You're right. I'll get with it." And inevitably if I did that, I would pay big because I would end up more depressed or more frustrated. So I mean, I learned that. It took me a while, but I learned that I had to just not care what they said. I had to stick with what I knew was helpful. (Sharon)

This "making room for oneself" involved recognizing and addressing specific needs that arose during the recovery process. The major issues identified by participants included a need for connection with others as well as a need for space or autonomy. The latter may also be thought of as a need to set personal boundaries, which requires an increased level of self-awareness and the ability to express it. There was also a need to cope with and process the trauma of the abuse and the overwhelming emotions that accompany the experience. The women needed knowledge about the healing process and needed to learn how to pace themselves through it, i.e. how and when to take a break. They also talked about the importance of maintaining a larger perspective and of finding meaning and purpose in light of the abuse.

What did the women do for themselves to address these needs? All the women talked about their need for connection with others.

> A. Really important, I had a panic list of numbers I could call, friends I could call . . . When I was going through the major feelings, a lot, yes, where I had to call somebody. And there were a few times where I almost felt suicidal too. It was important to have a few people that I could call. There were a few people that I would call almost every day or every other day for a while.
> Q. You just needed somebody to talk to?
> A. Yes, just to say, "I'm having a bad day." And that helped. I didn't even have to say what the memories were, but just to have somebody to talk to.
> Q. So, being able to connect with somebody when you needed to was really important.
> A. Yes. Very important. (Julie)

> I didn't know how to deal with the memories or the whole issue of abuse and I knew that I needed help, that there was no way that I could cope alone. . . . It would have been really helpful if I had had some emotional support at the time. Therapy helped, but it can only do so much . . . It's nothing that will compare to a good friend who can give you support and I didn't have that . . . (Elizabeth)

> . . . if I have had a bad day at work or if something has really, really shocked me or something has set me off, I can phone him (husband). And that's usually good enough. I've got the line there. I've got contact with the one that I need contact with. And as long as I can do that I don't feel like I'm floating, or doing the free fall thing. (Patricia)

In contrast to the need for connection, participants also talked about their need for autonomy. Most often autonomy is thought of as a disconnection or moving away from others toward independence. However, increased autonomy of necessity involves a greater connection with the self. It is a process in which the self is defined and expressed. This was seen most clearly in participants' descriptions of their increased ability to behave more assertively in their relationships. In order to establish healthy boundaries with others, the individual must have an awareness of her own thoughts, feelings, wants, needs and limitations. In addition, she must be able to value and express these aspects of herself in a way that is respectful of others' boundaries. The women talked about their need to establish healthier boundaries with others and how they accomplished this.

> Q.. . . Any other kinds of things that you did for yourself that were helpful . . . ?
> A. Yes, taking care of myself. Things like, instead of always doing for other people, beginning to do things for myself. If I was tired and somebody wanted me to do something, learning to say, "No." I'd tape "No" on my telephone. I taped it up on the inside of my telephone . . . So that was okay to say, "No." And I learned how to say "No." As I said, I got rid of some friends that were not helpful, that they were just always taking, but never giving. (Julie)

Julie's past pattern in relationships was to assume a more care-taking role with others at the cost of meeting her own needs. The movement toward autonomy is illustrated in this example in that Julie talked about her awareness of her tiredness and then made a boundary with her friends so that her need for rest could be met. She also talked about other kinds of boundaries that she made by cutting off relationships in which her needs were not acknowledged. All of this reflects an increased recognition and a valuing of one's own person. It also demonstrates how these changes are reflected in the person's behavior. Recognizing, valuing, and taking action are constant themes throughout the interviews.

I guess with other people, I am a lot better at setting boundaries. I am a

> lot less patient now. I don't think it's that I was before, it's that I was disconnected so things didn't bug me. Little things bug me a lot more. (Sharon)

> This Christmas, I actually stood up to him (brother) for the very first time in my life. The very first time . . . my brother tends to be very male about everything and I'm finding that I don't like it and I can't deal with it. So I've had a couple of run-ins with him since then. Before that I would not have run-ins. I would just run and hide and be upset and hurt from what he said because he said something hurtful or did something hurtful and I would just say okay, fine that's just the way it is and I would just run away and just accept it. Now I've come to the point where I'm not accepting it. (Angelica)

As can be seen by the quotes, being assertive was an important way of valuing one's own person and of changing unhealthy relationship patterns. Establishing healthy boundaries is the process of recognizing and giving the self permission to be. Making boundaries was one of the ways in which participants met the need for autonomy.

There were other areas in which the need for autonomy was evident. As mentioned earlier, a movement toward autonomy involves recognizing and valuing one's own self. This is directly related to the issue of self-esteem. As noted earlier in Section I, the women talked about struggling with low self-esteem prior to recovering memories.

> I hated myself so much, that most of my life I remember saying every morning when I woke up, saying, "I wish I were dead.". . . I had extreme self-hatred. I hated my body. In high school I ran miles, I was in the track club because I always felt, "if I could only lose five more pounds . . . maybe I would like myself." So I didn't like myself at all. (Julie)

> It all began when I started questioning why I was so shy. I felt so different from other kids my age. I had such low self-esteem and self-

> confidence and I wondered why I had been so withdrawn most of my life. (Elizabeth)

The women talked about helpful things that they did to increase their sense of self-worth. Often this involved specific concrete acts of self care that focused on their bodies.

> I guess we are fortunate. Not everybody can go sit in a nice hotel for three or four days . . . Another thing that I would do is, especially if I was going through a really hard time, is I would go shopping. I love to shop . . . Sometimes I came home with way too much clothes for myseif, but it made me feel good. It really made me feel good that my husband allowed that and he didn't get too upset about anything like that. And I don't do that all the time. But then it was almost like this outlet. It made me feel good about myself. (Renee)

> Q. Any other things that you did for yourself that were helpful. . .?
> A. Buying new clothes because of your whole self-concept. My whole self-concept was an awful one about myself. So beginning to wear brighter colors. Wear clothes I liked, buying new glasses, buy perfume, do things for myself like that that I never did. (Julie)

Some of the clearest expressions of the need for autonomy were found in participants' descriptions of things they experienced as helpful in therapy. The women talked a lot about autonomy issues in therapy. A more complete discussion of this topic is covered in the last part on therapy.

Participants also spoke of their need to cope with and process the trauma of the abuse and the overwhelming emotions that accompany the experience. This issue involves many different aspects of the healing process and covers a wide range of coping strategies. Coping with overwhelming emotions was identified as a major issue for all the women. They talked about their initial lack of healthy coping skills in this area and the difficult process of learning how to deal with their feelings.

> The best thing of course, I thought for me, was counseling. Absolutely. It had to be done. It just did. I probably would have killed myself if I would not have and I'm not that type of person. I'd never dealt with depression or thoughts of suicide before this time. And I needed that. (Renee)

> All of the emotions showed up after the memories occurred. And they were the hardest part to deal with. Because it was like, "How did I deal with these now? I have never known how to deal with them before. Now what do I do?" That's where therapy come in very handy because she would show me, well, not even show me, she would suggest various ways to deal with anger. "Don't just put it away again, Pat. Deal with it. You know it's there. You know how deep it goes. Deal with it. Express it. Express it in a non-destructive way, but express it. You know how deep the pain goes." (Patricia)

> I feel pain now and I cry, laugh, get angry, have all the, I think I have all the emotions that a person should have. And that was hard for me too. It's like turning on my emotions, I had to consciously turn them on, but then I had to learn how to deal with anger. I didn't know how to deal with that properly . . . Like, now I'm thirty-nine, now I have to learn. (Julie)

Learning how to deal with emotions occurred over time and involved identifying helpful strategies that were effective for the individual. Although the general principles were the same, each person had to find what worked for her.

In looking at the types of strategies that participants used to cope with their emotions, three general issues were addressed. First, the women needed to find safe ways to express what they were feeling. They also needed a safe place to express their emotions. The importance of safety and how to ensure it was something that had to be learned by most participants. Finding safe ways to express intense feelings was also a learning process. Some of the things participants identified as helpful means of expression included crying, journaling, talking, praying, and drawing.

Second, participants needed to learn about the healing process and how to pace themselves through it. Learning about the healing process occurred both formally and experientially. Therapists were identified as a most important resource in this process in that they normalized participants' experience and provided them with information about trauma and healing issues. The women talked about therapists as being invaluable in helping them to identify needs and effective coping strategies. The women also learned much by experience. A key issue in the process was pacing. The healing process requires time, energy and skill. Pacing is a learned skill in which the individual works to process trauma and emotions in such a way that she is able to integrate the experience and lessen the overwhelming nature of the process. This necessitates moving through the process at a rate that permits integration as well as provides time for rest and rejuvenation. To pace themselves well, survivors must develop a good sense of their own energy levels to know WHEN they have the strength to push forward and when they need to pull back and rest. Pacing also involves knowing HOW to move forward or to take a break.

Participants addressed the pacing issue in different ways. Most tried to lighten their work loads as much as possible. Sharon took a leave of absence from her job. Elizabeth went from full time to part time work and took a semester off from university. Julie dropped any extracurricular activities at her teaching job and didn't socialize much during this time. Renee was able to take some time alone away from her family on several occasions. The women also talked about taking breaks from the process and doing activities that re-energized them.

> Another thing that helped me was becoming a little kid again. I remember with one of my friends, and she was going through sexual abuse too, we would finger paint or make Easter eggs and do kid stuff. I bought a teddy bear. So I went through a period of time when I did that. (Julie)
>
> One time I went to the city and stayed at a hotel for a couple of days. Another time I went to my girlfriend's house and we just had a nice time together. We went out for supper, we went out to a show. I could have gone whenever I wanted to because my husband allowed me that and I had one girlfriend who knew what was going on too and she was very supportive in that she would take the kids or whatever. If I was having a really bad day and my husband was busy, then I would phone her and she would take the kids. (Renee)

Other ways of taking breaks included driving the car, watching TV, playing the piano, shopping, praying, being with friends, sleeping, and doing "kids stuff" (playing).

All participants talked about sleep as being an important factor in their ability to cope. Most of them suffered from insomnia and/or required more sleep during this time. Some used medication to help them with this problem. The women talked about a marked improvement in their coping abilities when they were able to get the physical rest that they needed.

Another dimension of pacing has to do with the ability to exert some level of control over the remembering process. This is one of the most interesting aspects of pacing and several of the women talked about this. Giving themselves permission to remember and to feel the feelings enabled them to move forward. On other occasions, they were able to stop or postpone the remembering process when the timing or place was inappropriate, i.e. a social gathering. Usually these skills were developed over time and with experience.

> I couldn't feel my body. It was like I was paralyzed, totally paralyzed, like how you get in a dream when you're telling yourself to wake up, but I wasn't dreaming. I was conscious. And I just felt this overwhelming panic. And part of me said, "You're fine, you're here now. Just stay with this and see what's going on." (Sharon then had her first abuse flashback) (Sharon)

> Q. So, for example, you had a trigger happen, like you were at the stadium and this guy walks by and you would get a reaction, and did it click then that this was probably some sort of a memory?
> A. Yes, and then I would say . . . "Okay, wait until you get home and then you can deal with it then. You do have to function right now. You're in public." . . . that was a very helpful thing to know that you could say to yourself, "Okay, I'm going to go to work and I'm not going to think about this from eight o'clock till noon." . . . It would literally work. I would go to work and I would be able to function and not think about it. And then give myself permission when and where I was going to think about the memory. (Julie)

The reader may note that these examples do not imply that the recovery process is something that can be mastered and controlled. All participants talked about feeling overwhelmed and a loss of control. The examples demonstrate several things. They show that survivors can learn to flow with the process as opposed to resisting it. They also demonstrate that choice has an important role in this experience. A greater understanding of the recovery process enables survivors to make better choices about pacing issues and does increase their sense of control.

Third, in order to face the pain of the past and deal with the overwhelming emotions that accompany this experience, participants needed ways of anchoring themselves. Connecting with others was one way of accomplishing this. Maintaining a larger perspective was another means by which the women anchored themselves. There are different aspects of the perspective issue that range from simple concrete things that the women did to stay connected to the present, to complex issues of finding purpose and meaning in light of an abusive past. One of the more immediate issues that the women faced in terms of perspective concerned the nature of the flashback experience. All participants talked about the difficulty of staying in or getting back to the present after reliving the horrors of the past.

> The longest I have ever experienced a flashback for was probably close to half an hour. I just felt like I was in that place again. I felt like I was eleven and that someone else was controlling me. It seemed like I was in a trance really and I had trouble pulling myself out of it. (Elizabeth)

> Literally, I got off the couch, and I remember feeling, part of my mind thinking this is weird. I felt I wasn't there. I know I wasn't there and, but I know I felt like a robot. And I just went about like nothing had happened. We had supper. And I had a feeling that I was just watching myself. And I stayed that way for the whole week. . . . Unless you've been through that, you can't even imagine what it is like. I think because the people around you are so grounded in their present life. I can kind of appreciate it, that I don't think that they can even get an inkling that you are not with them in the present life. You are back there in some other hell . . . (Sharon)

> I was in shock for a week. I was actually just wandering around. I don't remember what I did. I just wandered . . . I felt like I was wrapped in cotton. Sounds were muted, sights were muted, I don't remember my school for that week. I know I went to class, but whether I got anything from it or not. I did not want to talk to people, I did not want to talk. I would just stand there . . . I didn't move. It was like I had no volition of my own. I just wandered. Nothing. And all that would run through my head was, "I was raped. I was raped. I was raped." It was a broken record. And that's what it was. Maybe the days were sunny. I don't know. Maybe they weren't. I don't know. That was for about a week. (Patricia)

Maintaining and/or regaining a connection with the present was an important resource in coping with the recovery experience. Some of the women talked about this issue and of the things they did or thought to ground themselves in the present.

> I called a friend because I found myself slipping away. I was dissociating very, very badly . . . I wanted a connection. I needed a connection because I didn't know what was happening this time. It was very strong and I'm like, "Whoa!" because I felt like if I disappeared now I wasn't coming back. And it was very strong, and so yes, and the connection helped because as soon as the memory was ended, this time it was like struggling to come back. With most of the other memories, they ended, I was back. I might have been numb, but I was back in the world. With this one, it was like I had to travel through layers of something . . . (Patricia)

> Kids too, I think that was one of my saving graces throughout therapy as well, because I really, really wonder if I would have not suicided if I hadn't had the kids . . . I just knew it would devastate them. So that was a really helpful thing. It was real strong to pull me through. . . . I still do have stuff that comes, but a lot of the terror and panic, doesn't come because I can stay a lot more in the present. It still upsets me, but it isn't the same like before when it would just literally just take over and put me in a whole different place. (Sharon)

> Q. Do you have a sense of what you would do to pull yourself out of it?
> A. Oh yes. Well, when the worst that happened to me in terms of

> severity of a flashback, I wasn't alone. I was with a friend so that helped a lot. (Elizabeth)

> . . . I remember this because I was driving to work and there is a stop light. The initial response was, I don't recall total shut down, but I had to talk myself through. "Okay, put your foot on the gas, you can go forward." And I literally had to talk myself through living. (Julie)

Several participants talked about other facets of the perspective issue that they found helpful in anchoring themselves. Elizabeth identified one of her resources as being her heritage. She talked about coming from "a line of very strong women." She saw herself as being part of "a strong line". This perspective connected her with her past in such a way that she identified personal strengths as being a part of her heritage. She viewed herself as part of a larger context and was able to use this as a source of strength and hope. Angelica talked about the importance of reflecting on her values and sense of purpose as a means of maintaining a larger perspective on her life.

> I did a lot of prayer. I read scripture a lot and just maybe just thinking about what my life meant to me, like things that were valuable to me, what I had to live for kind of things, where you get to the point where you are in despair pretty bad and you think, "Is this all worth it? Is this worth all this pain? I really don't want to do this anymore." It's like, I've got my kids and I've got my family and I've got my husband. There's lots around here for me to focus on and to take the focus off of me and my pain and look at maybe some of the things that bring joy to my life. That made a big difference for me to be able to say, "Well these people bring joy to my life and I bring joy to theirs, and we kind of need each other. (Angelica)

Spirituality was identified by some of the women as being an important resource with regard to perspective issues. They talked about this increasing their sense of safety, control and hope.

> It seemed like I was still in this trance. I have my own ways of coping, I guess you would call them resources. A way that helped me a lot when I was going through the abuse was to pray and so I prayed, I prayed really hard. I also started praying the Rosary every night during the month of May because that is the month of Mary. Praying the Rosary was all I had while I was being abused and it gave me faith that I would be able to resist the temptation of killing myself. It also kept me grounded during this time of incomprehensible horror that I could not accept at the age of eleven. It reminded me that while I was in darkness, there was still God who would give me the strength to live. And so I prayed the Rosary again years later and it helped me pull out of it.
> Q. . . . What did prayer do for you?
> A. It enabled me to come back to the present, to not stay with the flashback. To not feel overpowered. To remember that God had triumphed over evil and that so had I and nothing was overpowering me anymore. (Elizabeth)
>
> Q. . . . when you pray, what is exactly helpful about it for you?
> A. I guess the knowledge and knowing that God is in control and always has been in control even during the abuse that He was in control. My abuser was not in control, but the knowledge and knowing that God can use even bad experiences in our lives. That He can take anything that happens that may seem bad and use it to develop you into a different person and to use it for good . . . Like, if I hadn't experienced this, I couldn't be sitting here telling you about it and I couldn't be giving you actual life experiences and I couldn't be contributing to the information that hopefully may help somebody some day or help a psychologist some day to help someone else. I mean that's just really a minor small part of it. But it is a part. It is a part of it. And if I hadn't had this experience then I couldn't tell you about it. (Angelica)

It is evident from these examples that the women used many different ways to place the abuse in a larger context. All of which served to enable them to cope more effectively with the overwhelming nature of the recovery experience.

In summary, the women talked about many ways in which they helped themselves through the remembering process. Much of this self care was directed at meeting fundamental needs that arose as a part of this experience. Recognizing and valuing these needs was an important step in the recovery process. Major issues identified by the women included a need for connection with others as well as a need for autonomy. The latter involved moving toward greater independence, which required increased self-definition and expression. The women talked about this issue in terms of establishing healthier boundaries with others and increasing their sense of self worth through concrete acts of self care.

The women also spoke of their need to cope with and process overwhelming emotions and the abuse trauma. They worked to find safe and healthy ways of expressing feelings. Learning about the healing process and how to pace themselves through it were also important. In addition, finding ways of anchoring or grounding themselves in their present lives was a necessity. The women accomplished this in different ways, some of which included connecting with others and spirituality. Although the women talked a lot about the importance of learning healthy self care, they also commented on the significance of supportive relationships. The next two parts of this section address this issue.

Connecting with Others

Relationships were identified by the women as being an important part of the healing process. How did the women describe helpful relationships? The women talked about helpful relationships as being those in which they felt respected, accepted, cared for, understood and supported. The most frequently identified helpful responses from others were listening and being available.

Listening involved several elements. First, an invitation to share her experience was appreciated by most of the women. All of them had great difficulty asking others for help. It was important for them to know that others cared enough to ask about how they were doing. This was perceived in most instances as an expression of both concern and interest. An invitation to share also meant that someone had noticed that something was wrong and/or that the survivor needed to talk. At the same time, it was important for the survivor's privacy to be respected if she indicated that she did not want to talk.

Second, allowing the survivor to talk about what she perceived as important and being able to hear about terrible things were both important. This was particularly essential in a therapeutic setting. The strength to hear about terrible events and remain calm helped give the survivor courage and strength to deal with the reality of the abuse. However, there were occasions in which the women welcomed and felt affirmed by strong reactions to their stories.

This touches on a third aspect of listening, namely that of responding to the survivor's story. Different responses were identified as being helpful or not depending partly on the relationship between the listener and the survivor. For example, many of Patricia's friends and family members reacted to her story by expressing a strong desire to see justice done to her abusers and by asking her if they could help her in any way. This has been helpful in the following way.

> It reinforces within me that what I went through was horrible, but there are people out there now who want to help me protect myself . . . it feels good for one thing and for a second thing I realize that I do not necessarily have to totally protect myself. I can rely on others to help me. And that's good in itself because it has allowed me to relax. (Patricia)

Conversely, most participants found it helpful if their therapists remained calm when hearing the details of the abuse. This engendered a sense of hope that the reality of the abuse could be faced and acknowledged.

One important aspect of responding to the women's stories was believing that they were true. This issue was particularly crucial when the women disclosed to therapists, parents and other family members. Most of the women said that being believed by one or both parents was extremely important in their feeling validated and supported. The women that didn't receive this support from their parents indicated that this was a significant obstacle in the recovery process. Being believed by one's therapist and/or doctor was also identified as important.

Lastly, participants indicated that it was helpful when listeners expressed concern and showed sensitivity to their needs. Listeners that overreacted and showed a preoccupation with their own needs were not experienced as helpful.

The term "allowing" was used often by the women to describe helpful involvement by others. Allowing was applied to a variety of things, such as allowing the survivor: to "be herself"; to go through and to own the healing process; to have needs; to have and express negative feelings; and to talk about what she perceived as being important. The last item has been mentioned previously, but it falls under this general category of "allowing". Allowing was also described as "letting, making space for, and giving permission". Allowing first involves recognizing that which needs to be allowed. Allowing then moves from recognition to respect and acceptance. The women used the term allowing most often in relationship to their needs and feelings.

> My husband really encouraged me, he allowed me to have the feelings that I did. He respected those feelings that I had . . . And that was really, really important to me. Even though those feelings were not good feelings. I had to have them. I had to go through them. (Renee)

> Another friend . . . they'd always talk about their problems, always. But when I started talking about my problems, they said, "I'm sorry, I can't hear any of this. I don't want to hear any of it." . . . they wouldn't allow me to go through any crisis or have any problems. So I didn't think they were very helpful for me. (Julie)

> Having Kleenex boxes everywhere, giving the message that it's okay to cry because for me crying is not okay. So that was very helpful. (Julie)

The issue of allowing needs and feelings was critical in the survivor's relationships with others. The women reported that they felt supported and cared for with those who were sensitive to their feelings and needs and they distanced themselves from people who were not sensitive to these things.

Whereas "allowing" reflects a more passive posture, there were other things identified by the women that were more active in nature. These included things like being available, giving time and attention, asking the survivor what she needs, showing a willingness to share the process, and caring in practical ways, i.e. caring for the survivor's children to give her a needed break. All of these things reflect a reaching out to the person in a caring and supportive manner. This reaching out movement on the part of others made a significant difference in how the women experienced the recovery process. All of the women stated that they needed supportive relationships to help them heal and some had more resources in this area than did others.

Although participants needed connection with others, they had great difficulty in asking others for help. This issue was one of the main obstacles that prevented the establishment of helpful connections. Common reasons given for not asking for help were not wanting to burden friends, not recognizing "asking for help" as an option, an inability to talk about their experience, not feeling safe and feeling too vulnerable. Because of this struggle, the women experienced others reaching out to them in a caring and respectful manner as being helpful and important.

> Q. In what ways could people have been helpful?
> A. I think they could ask how you are doing and just be able to hear it. I think they could do really simple things like take the kids for a day, you know real concrete things. Like let me do that for you. There were times that I just felt I was going to snap trying to pretend that things were okay and it was not. So just some real concrete day to day help. (Sharon)
>
> . . . sometimes when you are in severe pain, touch is important. So to ask, I really appreciated the friends that would ask me if a wanted a hug.

> But I don't think they asked enough sometimes. On the other hand, it was very not helpful for someone to come up to me and touch me from behind and not ask permission . . .
> Q. . . . Was it hard to ask for it?
> A. I couldn't, no. That just wasn't something that would have crossed my mind. (Julie)

There are many ways in which others can reach out to survivors, but it is important that the focus is on meeting survivors' needs in a respectful manner. The quality of respect is critical. There is a kind of dance between "allowing" and "reaching out" and respect plays a central role in this. An example from Angelica's description of her relationship with her friends illustrates this point well.

> I think the best part is just to listen . . . And friends saying, "So, I know you went to go see your psychologist. How's it going? . . ." That gave me the opportunity to talk if I wanted to or to not talk if I didn't want to. And if I said it was a really hard time and I didn't want to go into it, they would be fine with that, most of the time, and the friends that were sensitive and supportive enough to do that were the ones that I did want to share with anyways . . . (Angelica)

Angelica's friends reached out to meet her needs and also allowed her to specify the terms in which this would occur. Sometimes she needed to talk and other times she needed space. Her friends conveyed their caring in reaching out to her and at the same time, respected what she defined as being her needs, i.e. connection or space.

How did participants describe unhelpful relationships? Relationships in which the women felt unsupported and/or pressured in some way were not helpful. The women felt unsupported when others pressured them to change. The most common ways in which this pressure was expressed included telling the survivor what she should feel, think and do; giving advice; shaming; reminding; pressuring the survivor to be okay and in the present; having unrealistic expectations and not allowing the survivor to have problems; and not respecting the survivor's need for privacy.

The women identified other unsupportive responses, such as minimizing the past, overreacting, not listening to and/or not believing the survivor's story, getting angry at the survivor, and not understanding the survivor's experience (thinking she was okay and not seeing how serious things were). Some of the women interpreted these responses as evidence of a general lack of understanding of their experience. However, participants found that some responses went beyond a simple lack of understanding. In some cases, the women described others as actively refusing to recognize the terrible realities of the survivor's abuse. The women experienced this kind of a response as extremely damaging and usually distanced themselves from people that responded in this manner and/or cut off the relationship entirely.

In summary, the women described helpful relationships as being those in which they felt respected, accepted, cared for, understood and supported. The women identified the following responses as being helpful: listening, being available, asking the survivor what she needs, showing a willingness to share the process, and caring in practical and respectful ways. The women also spoke of others allowing them to have and express negative feelings, to have needs, to own the healing process, to talk about what they perceived as being important, and to be themselves. Others believing their stories were true was identified as being an important part of a supportive relationship.

The women reported that unhelpful relationships were those in which they felt unsupported and/or pressured to change. Some of the common ways in which the women felt pressured were through shaming, reminding, having unrealistic expectations, and giving advice.

The importance of supportive relationships was emphasized by all of the women. In particular, each one talked about the necessity of the therapeutic relationship. The significance of therapy is the subject of the next part of this discussion.

Therapy

What was helpful and/or unhelpful in therapy? All the women reported that therapy was a necessity in enabling them to cope with the remembering experience. Several said that they probably would have committed suicide if they had not been in therapy.

> The best thing of course, I thought for me, was counseling. Absolutely. It had to be done. It just did. I probably would have killed myself if I would not have and I'm not that type of person. I'd never dealt with

> depression or thoughts of suicide before until this time. And I needed that. (Renee)
>
> Most helpful was I think my therapist was, really at times it made me very uneasy, because truly at times, she was a life line. . . . I don't think I ever showed that, but I would just feel panic because if she died, I would kill myself. (Sharon)
>
> Q. . . . What caused you to seek a therapist?
> A. I didn't know how to deal with the memories or the whole issue of abuse and I knew that I needed help, that there was no way I could cope alone. (Elizabeth)

It is evident from these statements that the women attached a high value to therapy and the therapist. Some of the questions that flow from this are: Why was therapy so vital? What was accomplished? Participants' answers clustered around two general themes. First, therapy helped them to understand what they were experiencing. Understanding is important and powerful because it normalizes the person's experience. The women talked about feeling less anxious, less shame and guilt, and less isolated when they had greater understanding about what was happening to them and knew that others have had the same type of experience. Understanding also enables the individual to more readily identify her needs and available resources. Until she understands what is happening and the related issues, it will be difficult for her to know how to help herself. Second, the women talked about their therapists guiding, coaching, or helping them through the healing process. This describes the therapist's supportive function. Therapy provided a setting where healing could occur and the therapist supported the women throughout the process.

More specifically, how were their therapists supportive? What did the women identify as being important in therapy? The women talked about the therapeutic relationship as being significant. Feeling heard, understood, respected and cared for were major elements in the relationship that contributed to a strong connection between client and therapist.

> . . . I didn't feel very connected with her (the first therapist). I can't really say what would have been more helpful, it just didn't seem like I really clicked with her that well. Whereas with the other one, I felt like she understood me more and was really, really listening and really respected me for what I was saying.
> Q. So being heard and respected is really important.
> A. Yes. I felt like she really cared. (Elizabeth)

> After I'd tell her a very painful memory, I would look and she would look me right in the eye. And that said to me, "You have nothing to be ashamed of." That I can still look at you. You are still healthy. You still are a nice person. So the response to how, I found was really important, how after I would say a memory that was really hard for me to say. I would say, would make all the difference. (Julie)

Creating a client-centered atmosphere was important in building the therapeutic relationship. The women spoke about the various ways in which their therapists conveyed value for their feelings, needs and desires. Some of the most helpful things their therapists did in this regard were: listening; giving attention to the client's needs and feelings; giving the client permission to feel, to care for herself, to make choices about what she wants to work on and how she wants to do the work; and focusing on "finding what works" for this particular client. The last item, "finding what works", generally focused on ways of working in therapy and on developing coping skills and self care strategies. The following examples demonstrate several ways in which therapists created a client-centered atmosphere and how the women experienced this as helpful.

> Letting me choose the chair when you walk into a room. Where would you like to sit? Having Kleenex boxes everywhere, giving the message that it's okay to cry because for me crying is not okay. So that was very helpful . . . (Julie)

> Q. . . . what were the things that you experienced in therapy that were the most helpful for you?
> A. Telling me to take care of myself. People don't do that. You don't hear that so much. Probably more and more you do, but nobody had ever said to me, "Take care of yourself first." (Renee)

> And then when I got into the therapist's office, it was just very easy to sit and talk to her. And if she just let me sit and ramble that was usually the best because everything that I had been thinking about, didn't know how to deal with all week was stored up there, let it out for the first half hour or so, just let me babble and she would usually just write things down so she didn't forget and then she would ask me questions. Or if I had a question for her, it's like, "Well, this happened, this is how I felt. How can I deal with it because it's still going on?" She would give me suggestions. "Well, you could try this, . . . Read this chapter in this book. See how it helps." And those sorts of things. That was basically the way my therapy went. It worked for me. (Patricia)

Another aspect of the therapeutic relationship involves the autonomy issue. Most of the women talked about their need to do the work of healing on their own. At the same time, they were clear that they could not be alone through the process. They needed connection to be able to do the work of healing. For all the women, the relationship with their therapists provided both the connection and the space they needed to heal. The terms "connection" and "autonomy" are paradoxical and yet, participants were clear that they needed both to heal. How did therapists meet the women's needs for both connection and autonomy and how did they maintain a balance between the two? Part of this question has been addressed. In creating a client-centered atmosphere, the therapist is sensitive to these needs and seeks to deal with them in a way that is suited to the individual.

However, there is another facet to this issue that is best captured by a metaphor that several participants used to describe the role of their therapists. They described their therapist as guiding them through the recovery process.

> . . . Jane (therapist) was very, very important to me in guiding me through it . . . (Renee)

> I think the most important thing that my therapist did was not to diagnose me and say, "This is what you have and this is your problem." . . . she let me do the discovering process. She didn't say, "You've been abused, blah, blah, blah." What she did was guide me through a self-discovery process of what happened to me and just give me ideas, kind of thing, and let me mull it over and figure it out. And I figured it out myself. And I mean, even the actual remembering of abuse was on a day when I was completely alone . . . It was always a process of me doing the work. And she just kind of just guided me along. And I think that was helpful. (Angelica)

In the last quote, Angelica is quite specific in her definition of "guiding". Rather than diagnosing her, her therapist gave her some "ideas" and allowed Angelica to do the work of self-discovery at her own pace. In this example, Angelica's therapist did two things. First, she gave Angelica some relevant information. Second, she allowed Angelica to own the recovery process and do the work herself.

Although other participants did not use the term “guiding”, they did describe the function of their therapists in the same manner as did Angelica. They talked about important things that their therapists told them or about reading materials recommended by their therapists that were significant in helping them understand more about their experience. Some of the things that therapists said that were identified as being the most helpful involved issues of shame and guilt. For example, giving information about how a healthy body responds to sexual stimulation and about the effects of Post Traumatic Stress helped lift off the overwhelming shame and guilt that some of the women felt about their responses to the abuse. Therapists were also able to help the women gain more realistic perspectives concerning the degree of control a child has to stop an adult from abusing them. Several women talked about the guilt they felt for not stopping the abuse when in fact they had no resources to do this. Talking with their therapists helped them to understand their vulnerability as children and helped them work through the intense emotions they felt about being victimized. For several women, the fact that they had not told anyone about the abuse when it was happening was a source of extreme guilt and shame. Talking with their therapists about traumatic responses in children and being told that they were not responsible for the abuse helped them in resolving this painful issue.

These are examples of therapists using information in a direct manner, namely, talking things through with clients and biblio therapy. However, the concept of giving information must not be limited to this because the women talked about other ways in which they learned important things from their therapists. For example, Julie talked about the Kleenex boxes in her therapist's office. The message she got from this was that crying was alright. It was a nonverbal message, but it was clear and powerful for Julie who had been raised in a home where crying wasn't acceptable. This illustrates that in a client-centered environment, learning occurs in many ways at many different levels.

The first part of the "guiding" metaphor is that the therapist assists the client by giving needed information. The second part is that the therapist allows the client to own the recovery process and do the work herself. The importance to the women of their therapists encouraging and respecting their autonomy in the recovery process cannot be overstated.

> . . . she (the first therapist) wanted to do things sort of by the book and for me it didn't seem to work. Whereas the other one had me do what I wanted to do . . . She let me decide if I wanted to sit and talk or if I wanted to do things in the sand tray or if I felt like drawing. She let me know that I was in charge of my own process. (Elizabeth)

> . . . most people are not helpful. Most people want to give advice and the people that helped me the most were the people that would let me own the process myself. And in counseling that was one of the major really helpful things that I owned the process totally myself. If I didn't want to talk about memories, we didn't. If I wanted to deal with something, we did. We dealt with what I wanted to deal with at the time . . . So questions like, "What would you like to talk about today?" and handing me the process. Constantly saying, "How do you want to deal with this memory?" (Julie)

Encouraging the client to "own the process" conveys both a respect for and a confidence in the client. In addition, it encourages the client to take responsibility for herself. All of these are significant issues for a person who has been sexually victimized as a child. Participants' strong emphasis on the autonomy issue is evidence of its importance in the healing process.

Several women talked about personal qualities of the therapist that were helpful. The following quotes describe these characteristics.

> So she was really helpful because she was really committed, but in a way that felt safe. She wasn't over-involved. I could tell her I felt suicidal and she wouldn't freak out. And she was real calm. A lot of stuff that came out was really unpleasant stuff and she was real steady, and that helped. (Sharon)

> Another thing that I noticed that really helped me, my counselor worked out of a position of strength. When I was talking to her, I could feel that she was emotionally strong so no matter what I said, I knew she wasn't going to go, "Yuck!" and want to throw up. Or if she did, maybe she did at home. I don't know. But I had the feeling she wasn't going to take it home with her. She was strong enough, she was a healthy person, she could handle it, and yet, there was empathy, so sometimes I saw the tears, but basically she kept the distance of a counselor in strength. That helped me a lot. . . . Also, you get a feeling of, "Oh, I can be strong enough to deal with this too." (Julie)

Sharon described her therapist as being committed, but not overly involved as well as being really calm and steady. Julie talked about her counselor working "out of a position of strength". At the same time, the therapist was able to convey empathy for Julie's experience. These two quotes highlight the importance of the therapist's ability to hear about awful realities. This emotional strength engendered the sense that speaking the unspeakable was possible. Julie and Sharon did not need to be concerned about their therapists over-reacting to their stories. At the same time, they experienced their therapists as caring and committed. These examples point to the importance of connecting with clients in a manner that is both supportive and respectful.

In summary, the women reported that therapy was a necessity in the recovery process. Counselors helped the women to understand what they were experiencing. This normalized their experience and helped reduce their anxiety. Understanding the process enabled the women to identify resources and problem solve more effectively. In addition, a strong connection with the therapist was identified as important. The women said that feeling heard, understood, respected and cared for were important elements in developing a strong and positive connection with their therapists. Creating a client-centered atmosphere was also noted as being significant. The women talked about their counselors "guiding" or "coaching" them through the healing process in that the therapists provided relevant information and respected their client's autonomy. The women were encouraged to take responsibility for the healing work.

In conclusion, the purpose of this discussion was to explore the things that participants identified as being helpful or unhelpful during the remembering process. This information is most valuable in its potential to enhance our understanding of the healing process and to facilitate more effective intervention.

The women's comments on this issue addressed three main areas: self care, relationships with others, and therapy.

Self care was directed at identifying and meeting fundamental needs that arose as part of the remembering process. Major needs were identified as connection with others, autonomy, coping and processing overwhelming emotions and the abuse memories. The latter included finding safe and healthy ways of expressing feelings and of grounding oneself in the present. Using self care strategies appropriately was a skill that had to be learned.

Relationships with others were identified as being a vital part of the recovery process. Helpful relationships were described as those in which the women felt respected, accepted, cared for, understood and supported. Reaching out to the survivor and meeting her needs in a respectful way were also noted as being important. Unhelpful relationships were described as those in which the women felt unsupported and/or pressured to change in some way.

Therapy was reported to be a necessity for all the women. Therapists aided clients by providing relevant information and by acting as a guide or coach through the recovery process. Building a strong therapeutic alliance and creating a client-centered atmosphere were identified as being an important part of the healing process. The central theme in the women's accounts was an emphasis on the therapist's caring and respectful attitude rather than an emphasis on therapeutic technique.

In the first section, we explored the beginning of the remembering process and discovered that there was a period of time and/or a series of events that seemed to set the stage for the return of abuse memories. In Section II, the nature of the remembering experience was explored and identified as being intense and often overwhelming. Section III examined the remembering process from the perspective of things that were helpful and/or unhelpful. Section IV adds yet another perspective on this experience. The next section explores changes that have occurred for the women since they have remembered the abuse.

Section IV - Changes

This last section explores changes that have occurred in the lives of participants since they remembered their abuse. The women were asked to describe what is different for them after having remembered the abuse. There were many common themes in their accounts. Generally their stories reflected an increased connectedness and/or healthier connections in three major areas: in relationship with the self; in relationship with the past, present, and future; and in relationship with others.

In Section I, it was shown that there were disrupted or impaired connections in these areas at the beginning of the remembering process. The women struggled with a negative self-image and with a general lack of self-awareness. In addition to not having memories of past abuse, some were missing blocks of time from their past. All the women talked about being unable to see the relationship between present problems and the abuse. Some of the women had difficulty being in the present and in being able to envision their future. In their relationship with others, the women struggled with trust issues and unhealthy patterns of relating. After remembering the abuse and working through the recovery process, the women experienced significant changes in all of these areas.

The reader may note that the women identified these changes as significant. The women also talked about these differences as having occurred because they remembered the abuse. This is an important point because it is not the purpose of this research to determine causal links between recovering abuse memories and certain outcomes or between childhood sexual abuse and the long term effects of abuse. However, this discussion is a description of participants' accounts of their experience. Causality is only addressed when the women describe their experience in that manner. The purpose of this research is to explore relationships between aspects of the remembering process. This is an emphasis on correlation and not causality. With this understanding, we begin this section with short summaries of the women's stories followed by a discussion of common themes.

Their Stories of Change

Sharon talked about a number of things that changed for her after she recovered and processed her abuse memories. One of the first things she noted was that her severe depression lifted and she doesn't constantly think of suicide anymore. She now has a sense of the future. "I could never have imagined myself being old or living out a life. I couldn't picture it and I can now." She described herself as being much more present and connected to her life as compared to "being on automatic" prior to the return of the memories. She talked about having a sense of purpose that was previously lacking. Her longstanding problem with severe insomnia is gone along with certain self-abusive behaviors, like intensive exercise.

Sharon described the changes as a "general softening around life" that she had before been unable to allow. There is now room for more positive things and she is less guarded in relationships. She is now able to tolerate intense emotions and is better at setting boundaries with others. She described herself as less patient because she is more connected to her feelings. She also talked about being more emotionally available to her children. Sharon said she believes that some of the damage from the abuse is irreparable, but "I think that there is enough recovery that life will get better and I can commit to it and get into my life".

After remembering the abuse, Angelica's high blood pressure went down significantly. Her doctor and friends commented about her looking more relaxed. However, Angelica noted that the biggest changes have come in her parenting. Since remembering the abuse, Angelica recognizes her daughters' rights to make choices about who, how and when others will touch them. She is now supportive of her daughters' choices about physical boundaries even in the face of disapproval from well-intentioned relatives. Angelica's perspective has changed from an emphasis on respecting adults' desires for physical contact to respecting a child's desire not to be touched. This is an important value for her because she believes that if her daughters are treated with respect at home, they may have the confidence and strength to require others to treat them with respect outside the home. Another significant change in Angelica's parenting style is her emphasis on allowing her daughters to feel their feelings, e.g. allowing them to cry versus telling them to stop crying. Angelica believes that if children are allowed to express their feelings, they will feel more confident to express their opinions later in life.

Angelica talked about other important changes in her relationships, especially with men. She described herself as being more aware of personal preferences and is no longer willing to accept verbal abuse.

> . . . and I don't really take that any more either because I'm an adult and I have opinions and I'm allowed to have opinions and I don't have to necessarily want to agree. And so I have had a conversation with my dad and he understands and I've told him that if I feel that I'm being hurt in some way I'm going to tell him and we are going to talk about it. We are not just going to leave it any more and I'm not just going to run and hide and hurt. We are going to talk about it. And so that has been a big change. I've had to make changes in how I deal with and relate to the men in my life. (Angelica)

In addition, Angelica noted that she is more tolerant and understanding of psychology and of the therapeutic process. "I've also become more tolerant of people who lose it, who get to the point where they can't deal with it. . . .I can understand it because I was that close to the brink that I understood it."

Since remembering and processing her abuse memories, Patricia identified a number of physical changes, which include more energy, weight loss, less stress, and fewer problems with ulcers and insomnia. With regard to social situations, Pat describes herself as less "paranoid" and less controlling. She is comfortable socially and feels free to be herself. Previously, she found it easier to be alone. She said that she likes people instead of fearing them as she used to and as a result, interacts more on a social level and feels quite relaxed most of the time. At the same time, she described herself as more discriminating and is now able to protect herself from unhealthy relationships.

> I don't believe that I'm at fault for everything. Other people must take some responsibility for their behaviors. I cannot change that. That's changed very, very much. . . . I'm directing my life. I am the one who is going to either make myself happy or sad. . . . I just believe in myself more. I believe that if I want to do something, I can do it. (Patricia)

Patricia described herself as being more assertive and self-confident. She said that changes in her religious beliefs have resulted in a greater sense of control and personal responsibility. She is more aware of and responsive to her own physical and emotional needs.

Since she has been able to disclose the abuse to several aunts and uncles, she has found them to be supportive and has developed satisfying relationships with them. She also noted significant improvement in her marital relationship.

> . . . it's what I call life style changes. It's not going to happen quickly. I've started exercising more, and I take a real interest in my job and the people around me, in what's happening in day to day outside. And I just feel so much better. A great big weight is gone. (Patricia)

Elizabeth described her "before" self as being extremely shy, quiet, withdrawn and fearful of men. She could not imagine having a boyfriend and could not envision herself in the future. Since remembering the abuse, this has changed for Elizabeth and she feels more in control of her life. "I definitely have some future goals. I know what I want to do for a career and I really think that I can do it." She isn't fearful and pessimistic as she once was, but is more positive about things. She is no longer obsessed with thoughts of suicide or with her body image. She takes better care of herself physically, but most of the changes have been emotional.

> It's mostly my emotional health that's changed. . . . It's as if there is a huge burden lifted off my shoulders that I don't have to wear this mask anymore pretending to be something that I'm not. . . . I find it easier to relax and I enjoy life more than I used to. (Elizabeth)

Elizabeth said that she is more trusting and open with others, but she is also able to protect herself. At the time of this interview, she was in a serious relationship. She reported that since then, she has ended the relationship with her boyfriend because he was emotionally abusive. Elizabeth also said that she has let go of "old expectations" with regard to her parents and has been able to accept their inability to give her the support she needed.

> I feel like a whole different person. The person I would have been had I never been abused. I feel like I'm starting to get my life back really. I feel like I'm alive for once. I don't know how to put it, but I am who I really am supposed to be. (Elizabeth)

Prior to remembering the abuse, Julie suffered from extreme self-hatred. She especially hated her body and woke up every morning wishing she were dead. She felt as if her body didn't belong to her and had effectively blocked out many feelings, including physical pain. However, she did feel guilty and depressed for most of her life. She spent a lot of energy trying to be perfect and to achieve in order to prove herself. All of this has changed for her.

> And it's a small thing, but I used to walk all the time and I used to look at the ground when I was walking, you know, kind of slumped over a bit. I don't do that anymore. I can look around. I can look at what's around me and my environment. I can be happy, and I'm not walking around with that constant feeling of pain, that constant feeling of depression. When stress comes, if my car breaks down, I don't panic. It's just like, "Okay, life has negative things and I can deal with them. No problem." . . . I like myself now. I like my body. (Julie)

Julie is now able to feel physical pain and has a wide range of emotions. ". . . I have all the emotions that a person should have. And it was hard for me too. . . . I had to consciously turn them on, but then I had to learn how to deal with anger. I didn't know how to deal with that properly."

Julie started getting migraines one year before she recovered abuse memories. With the aid of medication, she now has these under control. She reports feeling less stressed and more able to enjoy and focus on the present. In addition, her compulsive spending habits and obsessive masturbation stopped after she dealt with abuse issues.

Since remembering the abuse and working through the healing process, Julie's view of men has changed significantly. She used to be terrified of men and believed that "all men are bad". They "are just after sex." She was sexually attracted to women, but did not want to be. As her view of men changed, Julie found that her sexual preference changed also. Now she is sexually attracted to men and not women.

Julie's relational style has changed in other significant ways in that she is more self-aware and assertive. She no longer sees herself as a bad person and her ability to trust others has deepened significantly.

> I think sexual abuse breaks a person's will. And so when I dealt with sexual abuse, I got my will back and I got my boundaries back so I could say "no". And now I operate out of more of who I am. I know who I am. . . . I used to operate under trying to figure out what feeling that person is feeling and try to fix them to try to help them. And so all my friendships were kind of based on that. . . . But now I can say to people, "I didn't appreciate when you did that." Or decided not to be their friend. I'm way more aware of where my boundaries are. And when people step over them, I let them know. (Julie)

A major change in Renee's health occurred after recovering her abuse memories. She had had migraine headaches since she was a child. They occurred approximately at the rate of two severe migraines a year and a medium level migraine once every six weeks. During the six month period that she worked on abuse issues in therapy, she had a continual headache, but not a migraine. "I still get a headache once in a while, but not the same. And I never get a migraine."

Renee talked about a significant change during the therapy process with regard to her overwhelming sense of guilt about the abuse. "It was at that time towards the end, it was like that burden was lifted from me. The burden of guilt. . . . It is truly like a physical weight."

Renee had difficulty asking for help because she felt like a burden to her friends. She preferred taking care of them. Her ability to acknowledge her own needs and to accept help from others has changed significantly. This has improved her relationships in that they are more balanced. "I can accept help from somebody and I couldn't do that before . . ."

Renee said that she sees her life differently now. She used to be overprotective of her children and experienced a high level of fear in certain situations, such as driving home alone at night. Now, Renee understands how the abuse has negatively affected her sense of safety and her ability to trust others. As a result, she is much more flexible with her children and experiences a lot less fear in general.

Going through the remembering process has increased trust and intimacy with her husband, strengthened her relationships and deepened her spirituality. She reported a marked increase in self-esteem and said that she isn't as critical of herself as she once was. Renee said that others have noticed these changes and demonstrate a new respect for her. She feels stronger and is more assertive.

> I'm a lot bolder. I used to think things, but never say them. You know, in a meeting or in public and I'm way, way more vocal or verbal about, you know, in a good thing. You know, it's not just negative. Way more assertive than I used to be. (Renee)

It is evident from the stories that the women have much in common with regard to the changes they have experienced since remembering the abuse. At the beginning, it was noted that the changes tended to cluster into three general categories: in relationship with self; in relationship with the past, present and future; and in relationship with others. The following discussion addresses these three areas.

Changes in relationship (connection) with the self

All of the participants identified significant changes in the ways in which they related to themselves. All the women talked about having a greater sense of self-awareness and a more positive self image. Increasing self-awareness took the form of a greater knowing and valuing of personal needs, wants, thoughts and feelings. Sharon talked about this difference. "I am a lot less patient now. I don't think it's that I was before. It's that I was disconnected and so things didn't bug me. Little things bug me a lot more." Sharon also talked about being able to feel intense emotions now that previously were too frightening. Julie talked about being more connected with her emotions and with her body. She feels her feelings and also physical pain. Prior to remembering the abuse, she blocked many emotions as well as physical pain. Julie also talked about getting her will and her boundaries back, which has resulted in her being more assertive in relationships. These examples demonstrate different aspects of the self with which the women became more connected.

In light of this, it isn't surprising that some of the women spoke about having a greater sense of identity as a result of increased self-awareness.

Elizabeth talked about feeling "like a whole different person. The person I would have been had I never been abused. . . . I don't have to wear this mask any more pretending to be something that I'm not." Julie spoke of dismantling the false self she had taken on for protection and discovering the real self. She talked about letting go of defensive ways of being and allowing herself to be vulnerable.

A stronger sense of self led to a more positive self image. All of the women reported that their self-esteem had improved significantly. They talked about having more self-confidence and a greater sense of control. Conversely, they reported that they didn't engage in self-blame and criticism as they once did. Several of the women noted an absence of self-destructive tendencies and of obsessive/compulsive behaviors. For example, Elizabeth talked about no longer being obsessed with her body image. Julie's compulsive tendencies in the areas of shopping and sex are gone. She once hated herself and especially hated her body. She used to wake up every morning wishing she were dead, but these feelings are gone. "I like myself now. I like my body." Renee talked about being less critical of herself and about her increased self-respect. Sharon recognized that she was abusing her body with intensive exercise and changed this pattern. Patricia spoke of having a greater sense of control and self-confidence. She also engages in less self blame.

With increased self-awareness and a positive self-image, it isn't surprising that the women talked about changes in the ways in which they care for themselves. The women spoke of being more aware of both physical and emotional needs and of learning to meet these needs in healthy ways. In addition to better self care strategies, the women talked about positive changes in their emotions and in their bodies. All of the women noted that they feel less stressed.

> I'm very comfortable in social situations. I'm very comfortable at home. Very relaxed most of the time. Not too much fizzles me. It really doesn't. (Patricia)
>
> When stress comes, if my car breaks down, I don't panic. It's just like, "Okay. Life has negative things and I can deal with them. No problem." (Julie)
>
> I find it's easier to relax and I enjoy life more than I used to. (Elizabeth)
>
> . . . the stress relief, I've seen a sort of process of stress relief even physically and you know, within my blood pressure. That has made a really big difference. Just from finding out and getting that stress out of my system. Yes, that is one of the health things that has changed. (Angelica)

The last quote is referring to the fact that after Angelica got her first memory back and worked through some of the intense feelings that accompanied it, there was a significant drop in her blood pressure. Her doctor commented on this difference. Other changes in physical health included an absence of migraines, ulcer and stomach problems, weight loss or gain, and an absence of insomnia. These differences are particularly striking when the problem has existed for many years and now is gone. For example, Renee suffered for years from migraines and no longer has them. Sharon had severe insomnia since she was a child and it is not a problem now.

Other reported changes in emotional well-being were described as "feeling safe, feeling more alive, enjoying life" as well as an absence or lessening of "depression, self-hatred, guilt, fear, paranoia, and distrust." An interesting metaphor was used by some of the women to describe the difference in their sense of emotional well being. They talked about feeling unburdened.

> . . . and I just feel so much better. A great big weight is gone. (Patricia)
>
> . . . it was at that time towards the end, it was like that burden was lifted from me. The burden of guilt. (Renee)
>
> It's as if there is a huge burden lifted off my shoulders. (Elizabeth)

In summary, all the women reported significant differences in relationship to the self. They talked about these changes in terms of having a greater sense of self-awareness and an increase in self-esteem. They spoke of being more aware of their own needs, desires, thoughts and feelings and of having a greater value for these aspects of the self. In addition, they noted that they are engaging in healthier self care strategies and have experienced positive changes in their sense of emotional and physical well-being.

Changes in relationship (connection) with past, present and future

Recovering memories of childhood sexual abuse altered the women's relationship with the past. Missing links or pieces of personal history were not present and this resulted in major shifts in perspective. What kinds of changes in perspective occurred?

The women talked about several different types of perspective changes. The most frequently mentioned difference was the connection the women made between present problems and the past abuse. There are numerous examples of this. Patricia and Julie struggled with sexual problems and aversions to certain smells. Patricia had difficulty brushing her teeth without gagging. Julie had trouble drinking water and eating sausages without gagging. Sharon, Julie, and Elizabeth suffered from severe depression and at times, suicidal ideation. All of these problems took on new meaning in light of the abuse memories.

Some of the women did not recognize certain problems as being abnormal until the remembering process started. As their awareness increased and the memories returned, they gained a deeper understanding of the problems and recognized the abuse as a source. For example, Sharon had accepted her depression, insomnia, and suicidal ideation as being "normal" for her. Renee saw nothing unusual about her extreme overprotection of her children or in her night time fears. In remembering the abuse, the women made a connection between these issues and the abuse.

The women talked about this connection as being important in understanding the source of the problem as well as in searching for a solution. Some of the women talked about feeling a great sense of relief when they made this link between the past and present. Problems that had been difficult to understand made sense in light of the past abuse. The women indicated that understanding the source of the problem helped clarify the solution.

Some of the women talked about another type of perspective change with regard to the present and the future. They reported that they feel more connected to the present than they did before remembering the abuse. They talked about an increased interest in their present lives and about a greater ability to focus on present realities. Their future outlook has become more positive, less fatalistic and less pessimistic. The following quotes demonstrate this change.

> A. I have a sense of a future now. I could never have imagined myself being old or living out a life. I couldn't picture it and I can now . . .
> Q. It sounds like you're more present.
> A. Much more, yes. And the stupid thing is I didn't really know that I wasn't present before. It was so weird, like being on automatic going through my life. So I think that's a big shift. (Sharon)

> I don't have all these things that are clogging my brain, like all this junk in my brain anymore. It's like I can focus on one thing and just focus on the day and enjoy what is happening during the day and I'm not thinking about the future, or I don't fantasize anymore. My mind doesn't go off into other places . . . it's a small thing, but I used to walk all the time and I used to look at the ground when I was walking, you know, kind of slumped over a bit. I don't do that anymore, I can look around. I can look at what's around me and my environment. (Julie)

> I'm not nearly as pessimistic as I used to be or as fatalistic in my thinking. A lot more positive. For the longest time, I could only see things in terms of the very near future. I didn't know what my life was going to be like in the future, if I would still be alive. I thought that I would somehow die or get killed or something like that. But now I can see myself going on and leading a full life. (Elizabeth)

These changes are relatively dramatic when considering participants' previous struggles with depression and suicidal ideation. The ability to connect more fully with their present lives and to have a positive view of the future only occurred after remembering and dealing with the abuse.

In summary, remembering and processing past sexual abuse changed the women's relationship with the past, present and future. Regaining significant pieces of their past led to important shifts in perspective. These included making a connection between present problems and past abuse, being more connected to the present, and having a more positive view of the future.

Changes in relationships (connections) with others

All the women noted that they related much differently to others now when compared to before their remembering experience. Changes in this area were the differences most frequently talked about by the women. All participants spoke of their struggle with trust issues and unhealthy relationship patterns prior to remembering the abuse.

All of the women talked about their increased ability to trust others as being a significant and positive change in their lives. The following quotes illustrate the many ways in which women were affected by this change.

> I am much more open to people. I'm just more open with people in my close relationships than I ever was before. . . . I still think I'm pretty guarded in my relationships, but not like I was. Before I think it was a real handicap. (Sharon)

> And now I'm a lot freer to be here for them (her children). I have never had any real doubts as to my abilities as a mom. I'm a pretty good mom,

> but there were times I was more detached than I wanted to be and it's just that distance that I don't feel nearly so much . . . . (Sharon)
>
> Before I was in therapy, I could never imagine being in a relationship. I was extremely shy, withdrawn, and really scared of men. And after a while it just seemed that I was at least willing to take the risk of trusting someone. (Elizabeth)
>
> I'm very, very overprotective of my children. And I have become better or easier with them. I wouldn't let them go anywhere. I used to not let them go anywhere. . . . And now I do. I have to trust people. I didn't trust anybody. I honestly did not and for no reason. (Renee)
>
> Where other people are concerned, I just accept people for who they are now. I don't try to change them and because of that I have more people who want to be near me, and want, actually often to share their own pain. . . . And I think because I know how I feel and how I felt, that's allowed me to be a lot more empathic towards other people and that's a gift that I really appreciate having. Because not only does it allow me to interact with other people, I really like people. I never used to. People used to frighten me, but now I really like people, but at the same time, I can also pick out the ones I don't want anything to do with. (Patricia)

In the first part of this discussion, it was shown that the women became more connected with and accepting of themselves. It makes sense then that they would also become more connected with and accepting of others. It is interesting to note that although the women talked about having a greater ability to trust and accept others, they also spoke about having less tolerance for abusive and insensitive behavior. They talked about their increased ability to protect themselves from abuse and to identify unhealthy relationship patterns.

In Section I (Before Remembering the Abuse), it was noted that the women talked about changes in unhealthy relationship patterns. Two patterns were common. The first was a general lack of assertiveness and the second was a tendency toward unequal and/or unhealthy relationships. The women talked about their increased ability to behave more assertively with others.

> I'm way more aware of where my boundaries are. And when people step over them, I let them know. (Julie)

> This Christmas, I actually stood up to him (her brother) for the very first time in my life. The very first time. . . . at first I felt a little bad about it because it was in a family gathering and it tended to produce conflict and conflict is something that is not allowed in my family. . . . Normally, I just shut up and run away. This time I said something and then I left the room. But the next time, hopefully, I'm not going to leave the room. It's a learning process, a building process . . . (Angelica)

> I guess with other people, I am a lot better at setting boundaries. I am a lot less patient now. I don't think it's that I was before, it's that I was disconnected and so things didn't bug me. Little things bug me a lot more. (Sharon)

> There are many things that I like or dislike and I have very strong views on things. But I have never been able to actually put them out there, let other people hear them. I can do that now and I don't care how they react to it. Where at one time, I wouldn't have said anything. If it's hurtful, that's a different matter. I don't like hurting people. But yes, if it is something that I believe and want to say, I will say it. (Patricia)

Assertiveness starts with increased self-awareness. Julie's statement illustrates this. She said that she is more aware of her boundaries and "when people step over them, I let them know". In fact, all of the women talked about having a heightened sense of self-awareness. They were much more aware of their thoughts, feelings, preferences, limitations and responsibilities. Assertiveness also requires that the individual values these aspects of the self and that the person is able to communicate these values to others. In other words, the women's reported experience of heightened self-awareness and of increased self-esteem form the basis for more assertive behavior in their relationships with others.

The second relationship pattern noted by some women was the tendency toward unequal and/or unhealthy relationships. The women defined their relationships as being unequal in that there was an imbalance in the normal give and take that occurs in healthy relationships. Generally speaking, they were giving more and receiving less in their friendships to such an extent that it was unhealthy for them. Julie and Renee talked about being in relationships where they assumed a care taking role and focused on the needs, feelings and desires of the other person.

Inequality in a relationship also occurs when an individual lacks the ability to be assertive. Nonassertive people often feel victimized in their relationships. Angelica and Julie talked about their inability to be assertive in their relationships and as a result, they felt victimized. This negative pattern changed for these women in that they recognized the inequality as being unhealthy and they took action to bring about a greater balance in their relationships. For example, Angelica learned how to respond assertively to insensitive comments from male relatives. Julie learned how to say "no" to her friends requests for help when it was not in her best interest to say "yes". She established new friendships that were more egalitarian. Renee learned to ask for and accept help from her friends and to assume less of a care taking role in her relationships.

In summary, the women spoke of experiencing significant differences in their relationships with others. Prior to remembering the abuse, they struggled with trust issues and unhealthy relationship patterns. All the women talked about positive changes in these areas. They noted an increased ability to trust and accept others. They also talked about a greater tendency to behave more assertively and to be less tolerant of insensitive or abusive behavior. In addition, several of the women commented that they have learned how to maintain greater equality in relationships.

Summary of Section IV

In this section, we explored changes that have occurred in the lives of the women since they remembered their abuse. These changes were identified by the women as being important and were focused on three areas. First, we explored changes in the ways the women related to the self. They all talked about experiencing an increased self-awareness and a more positive self-image. They also noted that they are engaging in healthier self-care behaviors and have experienced positive changes in their sense of emotional well being. Second, the women talked about changes in their relationship with the past, present and future. Regaining memories of childhood abuse altered their present perspectives in that they made connections between present problems and past abuse. The women reported that this often brought about a positive shift in their understanding of present issues and helped them work toward resolution. Some of the women talked about being able to be more connected with their present lives and about being able to envision a more positive future for themselves. Third, the women reported changes in their relationships with others. They commented on their increased ability to trust others, to behave more assertively, and to maintain greater equality in friendships.

What do these changes tell us about the remembering experience? What do they contribute to our understanding of this process? Perhaps their most significant contribution is that they demonstrate that the remembering process involves much more than remembering or reconnecting with abusive events in the past. Recovering abuse memories signifies the making of connections in many different areas. Exploring "before" and "after" differences gives us a sense of the many ways in which the women reconnected with their experience and a sense of how these different areas are related to each other. It also confirms what has been demonstrated in the previous sections, namely, that the remembering process involves reconnecting and repairing connections with lost or missing pieces of one's experience. It is also a process of making new connections and of integrating new realities into the individual's experience of self and of others

Chapter V

Discussion

This final chapter explores the significance of the results. What does this study contribute to existing knowledge about the experience of recovering memories of CSA and how is this important? The study is unique partly because it explores the experience from a phenomenological perspective. Using this methodology enables us to look at the experience and the context in which it occurs. Consequently, the relationships between various aspects of this experience were evident in a manner that is lacking with other methodologies. This study is also unique in that it was conducted separately from a clinical setting in that the women did not participate as part of a clinical program. This can be contrasted to studies that dealt with this phenomenon in clinical settings, which may have obscured some aspects of the experience. In addition, the experience of recovering memories of CSA was the main focus of the study. There are relatively few studies in which this is the case. Lastly, the link between participants' descriptions and the results are demonstrated clearly.

Given this unique blend of qualities, the study is significant in that it contributes to our understanding of the experience of the trauma of childhood sexual abuse, of trauma's effect on memory of the abuse, of the remembering experience and of the healing process. Increasing knowledge in all these areas facilitates more effective intervention.

This chapter consists of three parts. The experience of trauma is explored in part one. Powerlessness and disconnection are identified and discussed as central themes. Part two focuses on the remembering experience. Theories about why adult survivors remember CSA are discussed as well as why and how memory can be affected by abuse trauma. Two themes that are descriptive of the remembering process are explored. The last part focuses on facilitating the healing process. Three principles of healing are identified and discussed along with four general guidelines for intervention.

The Experience of Trauma

> Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. . . . Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning (Herman, 1992, p.33).

To be overwhelmed and rendered powerless are central themes of traumatic experiences. In this study, it is significant that even the remembering of the abuse for all participants was described as overwhelming. They talked about reliving the trauma of the abuse and their sense of powerlessness as they were remembering it.

There are a number of different but related elements that are present when individuals are made to feel powerless. In CSA, the vulnerability of the child is exploited for the personal gratification of the offending adult. This exploitation occurs at several levels. There is both a physical and psychological violation of the victim's person.

Concerning physical violation, Everstine & Everstine (1989) state:

> There are only three situations in which our bodies can be penetrated against our will: when we are shot, stabbed or raped. The involuntary penetration of this very primitive boundary causes the victim to experience a sense of not feeling whole (p. 68).

Although this statement applies to rape victims of all ages, it takes on new meaning when a child's body is violated sexually. Compared to a normal adult, the child has not had the opportunity to form the same type of personal boundaries or self definition. In CSA, these physical and psychological boundaries are violated. The child has lost control of her body and other factors in the external world in that she may experience overwhelming emotions, such as confusion and fear, as a reaction to the abuse. In addition, erotic stimulation often results in a sense of losing control, which heightens a child's sense of helplessness.

At the heart of this process is the idea that control is a human activity. Humans survive by mastering the environment. When control is taken from us, we feel the loss of our humanness. In her research on childhood trauma, Terr (1990) notes the loss of autonomy that occurs during a traumatic event results in feelings of terror for both children and adults. She explains this emotional response in light of the flight or fight response, which is a defensive reaction that prepares the individual to respond adaptively in threatening situations. When we are threatened, our bodies mobilize for action. Trauma occurs when we are ready to act in the face of danger and are prevented from doing so because we cannot succeed. Autonomy has been lost and it is replaced by extreme fear and often rage. In light of this, it makes sense that respect for autonomy issues was identified by participants as being important in the healing process. It also explains why participants' remembering experiences were overwhelming. Feelings of terror, rage, grief, shame and guilt were common responses to their memories of being abused.

Shame is another reaction to being rendered helpless. Wurmer defines shame as "a response to exposure, an emotional response impelling us to hide" (Wurmer as cited in Nathanson, 1989, p. 318). Terr notes the interplay between shame and guilt in trauma victims. In order to protect themselves against the pain of shame resulting from being made less-than-human, children take on guilt. They deny the reality of their helplessness and assume responsibility for what has occurred. They come to believe that they have somehow caused the traumatic event(s) and are therefore guilty, but not as helpless as they were before. This tradeoff has the effect of lessening the pain of dehumanization at the cost of distorting reality.

We might wonder what the long term consequences are of the dehumanizing quality of abuse on a developing child and more specifically, what were the long term effects on the women in this study? The abuse literature suggests that powerlessness is associated with low self-esteem, anxiety, identification with the aggressor, heightened need for control, a victim mentality, and pessimism concerning the future (Findelhor et al., 1986; Terr, 1990). Behavioral manifestations may include phobias (Alther-Reid at al., 1986), nightmares (Shapiro, 1987; Briere, 1984), somatic complaints (Meiselman, 1978), dissociation, depression (Gorcey et al., 1986; Justice & Justice, 1979; Rew, 1989a & 1989b), interpersonal difficulties (Porter et al., 1982), revictimization, and anti-social behavior (Finkelhor et al., 1986). This is not a comprehensive listing, but it is consistent with many of the issues identified by participants as being long term problems for them until they remembered their abuse.

In addition to the central theme of being overwhelmed and the resulting sense of powerlessness, there is the theme of disconnection or impaired connection that was all pervasive. According to the women's stories, there did not appear to be any area of relationships that was unaffected by their past trauma even when they had no conscious memory of it. This is a strong statement, but the evidence for it is equally compelling. Given the radical nature of the experience of being sexually violated as a child, it makes sense that there would be long term effects and that they would be pervasive. But an interesting question at this point is why "disconnection"? Why not some other theme or issue? Why is disconnection central to this experience and what does this tell us about the nature of trauma?

To understand the centrality of disconnection, it is important to begin with the knowledge that generally, childhood sexual abuse occurs in the context of relationship. The majority of abused children are not abused by strangers. All of the women in the study knew their perpetrators prior to the abuse. This is no way implies that abuse by strangers isn't traumatic and damaging. However, abuse in the context of a relationship that is supposed to be safe and nurturing constitutes a betrayal of trust that adds an important dimension to the way in which a child is traumatized.

Abuse by someone known to the child often makes it more likely that the abuse will remain a secret and therefore, continue. If the perpetrator is a care giver, family member or trusted friend, it is also more likely that the abused child will not receive appropriate support should she disclose than if she reports abuse by a stranger. Elizabeth's story illustrates this issue. Her sexual abuse by an older brother continued for years and began when she was quite young. She was also sexually assaulted once as a teenager by a group of young men. Her parents were quite supportive when she disclosed the assault by strangers to the point of offering to pay for a lawyer should she decide to press charges. However, they were unsupportive and disbelieving when she told them of her brother's lengthy and violent sexual abuse. Not only did Elizabeth have to deal with her brother's abuse, she had to work through the pain of her parents' lack of protection and support that constitutes another type of betrayal. The violation of trust in this kind of situation is complex and multifaceted.

Adults define a child's reality. Children come into the world ready to learn what their care givers will teach them. What does a child learn about the world and about relationships in general from being sexually abused by someone with whom they should be safe? It seems likely that they would come to view the world as an unsafe place and others as untrustworthy. They would likely conclude that they are powerless to stop the abuse or to protect themselves and might feel guilty for the abuse having occurred.

Underlying all of this is the belief that relationships (connections) with others are essentially dangerous and, at the same time, they are necessary for survival. Even though children are keenly aware of their utter dependency on adults, abused children also know that some adults abuse them and that the rest are unable to stop the abuse from happening. These beliefs may not represent an objective view of the abused child's situation, but they do accurately reflect the child's perspective. This is the dilemma with which the child is faced. How does the abused child cope with her need for attachment and the reality of the abuse? Some sort of disconnection seems not only likely but necessary. It is perhaps the only means available to the child to cope with the abuse. But the question that must be answered first concerns the emotional wounding that occurs as a direct result of the trauma of the abuse. Is disconnection a central element in the emotional wounds inflicted by sexual trauma?

The answer is "yes". Disconnection (or a severing of connection) is an integral part of the abuse experience and this type of wounding creates the need for progressive and continued disconnection. Disconnection occurs in a number of ways when a child is sexually abused. As noted earlier, CSA occurs in the context of a relationship. Therefore, a connection that should have been safe and nurturing is severed by the sexual violation of the child's person. Basic trust has been grossly betrayed. Not only has the child been exploited and objectified by the offender, but she has not been protected by her caretakers. Her sense of betrayal deepens if her disclosure of the abuse is not believed or the child is blamed for the abuse and she remains unsupported. In the abusive situation, the child's perceptions and emotions are negated continually. The trust and vulnerability of the child have been violated for the personal satisfaction of another. Betrayal in CSA is multifaceted and it destroys the child's basic sense of trust. This wound has a profound effect on the child's development in her sense of self and in her ability to connect with others. (For a discussion of betrayal/trauma theory, see Freyd, 1996)

For the developing child, self-esteem grows in the context of nurturing and affirming relationships. In a healthy parent-child relationship, the child is protected from the full knowledge of her helplessness and vulnerability by the adult's benign use of power. As the child's person (which includes needs, thoughts, wants and feelings) is acknowledged and affirmed by a powerful adult, the child also develops a positive view of herself. In a healthy relationship, the difference in power between the adult and child is de-emphasized by the adult's respect for and affirmation of the child's person (Wolin & Wolin, 1993; Herman, 1992). However, in an abusive relationship, the power differential between the offender and the child is emphasized and used malevolently. The child's sense of self is severely disrupted. Abuse communicates numerous negative messages to the child about her lack of value, her powerlessness, and her vulnerability to the perpetrator. Unfortunately, these destructive beliefs are then incorporated into the child's sense of self, resulting in extremely low self-esteem. CSA disconnects the child and ultimately the adult survivor from a positive view of self and replaces it with a distorted picture.

In addition to low self-esteem, the abused child has learned not to trust her true self. CSA continually negates the child's perceptions, feelings and the value of her person. She soon learns that it is not acceptable to be herself in relationships (Herman, 1992). Therefore, the true self is rejected or the connection is severed and a distorted view of the self is embraced. Another area of disconnection is related to the child's body. The abused child often feels betrayed by her body. After all if she wasn't small, dependent and helpless, if she were big and powerful like the offender, she could stop the abuse. There may also be a need to disconnect from her body while the abuse is happening. Julie's story illustrates the kind of radical disconnection with the body that can occur. She was not only disconnected from her emotions, but she was unable to feel physical pain prior to remembering the abuse. The paradox is that while the survivor is disconnected from her true self, she is often overwhelmed by thoughts and feelings related to her sense of low self-esteem. It is the sense of "badness and/or worthlessness" that she actively seeks to distance herself from often through addictive behavior or other forms of distraction. All of the women in this study talked about struggling with self-esteem issues and how this progressively improved as they worked through the trauma of the abuse.

Herman (1992) talks about the effect of trauma on the adult victim's sense of self. "A secure sense of connection with caring people is the foundation of personality development. When this condition is shattered, the traumatized person loses her basic sense of self" (p. 52). With a child victim, a sense of self has not been fully formed. CSA interrupts this process in a number of ways. First, the abused child is cut off from the safe, loving, nurturing relational environment necessary for the development of self-esteem. Even though there may be caring adults present in the child's situation, she is not being protected by them. In addition, the secret of the abuse creates a barrier in her relationships with others and, in particular, with adults. None of the participants in this study were able to tell someone that they were being abused during the time that the abuse was happening. This is not uncommon and there are many reasons why abused children do not disclose the abuse. The importance of this with regard to the development of self-esteem is that the secret of the abuse is in itself abusive. CSA stigmatizes the child victim and sets her apart from others in that her experience of life and relationships is fundamentally and horribly different. The secret of the abuse also isolates her and leaves the child to deal with the traumatic violation in the best way that she can by herself.

Second, the abused child's ability to trust herself and others is seriously damaged. Trust is the basis for all relationships. The child's impaired capacity in this regard isolates her from the resources necessary to develop a positive view of herself. A positive sense of self can be thought of as an awareness of and a valuing of one's own physical, emotional, mental and spiritual being. This constellation includes thoughts, feelings, wants, and needs, the body, personal boundaries, and a sense of efficacy, meaning and purpose. In order to have a strong sense of identity and personal worth, the individual must have a healthy connection with all of these aspects of her being. CSA prevents healthy connections from being made. When a child is sexually violated, the value of all of these parts of her being is negated. Therefore, the abuse wound disconnects the child victim from her true self as well as from others. This is significant because this type of disconnection means that the abused child has no access to the resources necessary for healing the wounds of the abuse. This aspect of the recovery process is explored at length in the section on 'Facilitating the Healing

Process".

At this point in the discussion, it is important to note that CSA trauma results in a (1) fundamental disconnection internally and externally for the abused child (2) which cuts her off from the resources needed for recovery and (3) it creates a heightened need for both the security of relationships and the safety of isolation. Herman (1992) talks about the survivor's dilemma.

> Trauma impels people both to withdraw from close relationships and to seek them desperately. The profound disruption in basic trust, the common feelings of shame, guilt, and inferiority, and the need to avoid reminders of the trauma that might be found in social life, all foster withdrawal from close relationships. But the terror of the traumatic event intensifies the need for protective attachments. The traumatized person therefore frequently alternates between isolation and anxious clinging to others (p. 65).

In light of all of these factors, the only option left for the abused child is to find a way to survive the abuse, to somehow live around the wounds and to get her intense and conflicting needs met in whatever way she is able. This is a huge task for a child with limited power and coping resources. Disconnection appears to be the best solution in an extremely bad situation.

The Remembering Experience

A question that can be asked about the remembering experience concerns why it occurs. After years of not remembering the abuse, why would an adult survivor recover memories of it? Given that the remembering experience is extremely distressing, why does it happen at all? If memories of the abuse are repressed or dissociated, why doesn't this defense mechanism continue to protect the survivor from the reality of the abuse?

There are numerous theories about this, but they all have in common the idea that just as the physical body works to repair and heal itself, so it is with the psyche. Recovering memories of the abuse is viewed as part of the healing process. However, it is a source of debate as to whether or not the adult survivor must remember the abuse to recover from it. Some authors propose that recovering abuse memories is essential for healing to occur. Others maintain that not all survivors need to remember their abuse and that healing should be pursued by focusing on the affective and the somatic dimensions of past trauma as opposed to remembering abuse events. The idea of remembering CSA as being a part of the healing process is intriguing given that the remembering experience is often traumatic. This seems somewhat contradictory unless the remembering experience is placed in a larger context.

First, the remembering experience can be thought of as the release of buried trauma. Remembering is the means by which traumatic events are brought to the surface or into consciousness to be processed and integrated into the rest of the person's history. Second, the wound comes with the memory. How CSA has affected the adult survivor becomes more clear when the abuse event is remembered. It is significant that all of the participants in this study talked about finally being able to understand certain issues in their lives once they remembered the abuse. For example, it made sense to Angelica why she has struggled to feel loved in relationships when she remembered that her abuser told her that no one would ever love her, after he had violently assaulted her. In addition to specific issues like this, the larger struggle with low self-esteem takes on new meaning in light of the abuse. Remembering opens up the possibility for changes in the individual's perception of self. A significant increase in self-esteem was reported by all of the women in the study.

Finally, remembering the abuse creates the possibility that lost resources can be recovered. As demonstrated in the results of this study, disconnection or impaired connection went far beyond losing access to memories of the abuse. An internal and external alienation occurred that separated the women from essential resources needed to establish and maintain healthy relationships with the self, with others and with their present environment. It is possible that the pervasive disconnection reported in participants' accounts is not only the result of CSA trauma and its impact on the developing child, but it may also be necessary in order to keep memories of the trauma buried. For example, if memories of the abuse contain overwhelming emotional and physical aspects, it may be necessary to separate in some way and at certain times from emotions and from the body.

Thus, the individual's relationship with her feelings and with her body is altered and a certain lack of connectedness is maintained so that knowledge of the abuse can be held outside of consciousness. Therefore, recovering abuse memories removes the necessity of disconnection.

Having identified possible reasons for why adult survivors remember CSA, we can also explore why and how memory can be affected by abuse trauma. From a clinical perspective, burying or splitting off memories of the abuse may be the best way of surviving. From a cognitive and psycho biological perspective, traumatic memories of abuse seem to be processed quite differently from memories for ordinary events. This processing difference may lend itself to traumatic memories being held outside of conscious awareness. All of these views are consistent with the results of this study. The women talked about family dysfunction and/or stress that made disconnecting from their memories more viable than other possible solutions. In addition, their descriptions of remembering the abuse were extremely different than that of recalling ordinary events. It was clear from their experience that the abuse was taken in and stored, but it was not integrated and was not accessible to consciousness in the way that ordinary memory is.

Van der Kolk and van der Hart's (1989,1991) conclusions about the differences between narrative and traumatic memories are based on their research with traumatized children and adults. Their ideas fit well with the experience of the women in this study.

> . . . in contrast to narrative memory, traumatic memories (a) lack verbal narrative and context, (b) are state dependent, (c) are encoded in the form of vivid sensations and images that cannot be accessed by linguistic means alone, (d) are difficult to assimilate and integrate, in that they are stored differently and are often dissociated from conscious awareness and voluntary control, and (e) often remain "fixed" in their original form and unaltered by the passage of time (Smucker & Niederee, 1994, p.74).

This is a description of how trauma affects memory, but this and the stories of participants bring out some important aspects of the remembering process. Much has already been said about the process of remembering in the results chapter. However, it is interesting at this point to explore further the implications of several main themes. Two themes that describe the remembering process from beginning to end are "shifting perspectives" and "working through the yes/no tension". These themes are not mutually exclusive, but reflect different aspects of the same process.

The remembering experience is one in which the process of disconnection is reversed. It begins with increasing self awareness. The women in this study began to connect with and acknowledge that "something's wrong" with their lives. Things that had always been accepted as "normal" and/or as part of their personality began to stand out in a new way and require attention. They began to explore these old issues in light of new understanding and relevant information. This increasing awareness led to their wondering about the possibility of CSA and/or to a strong sense of knowing that they had been abused. All of this happened before any abuse events were recalled.

Remembering the abuse signified a qualitative change in the process. This was a striking feature in all six interviews. Having flashbacks of the abuse was qualitatively different than suspecting or knowing that it happened. As noted in the results chapter, recall of abuse events represents a deeper level of self-awareness. It is the remembrance of one's personal history. This entire process is captured in the phrase "shifting perspectives". Starting with "seeing old issues in a new way" and moving on to "having flashbacks" and ending with "working through the abuse memories and related feelings and issues" represents a continual changing of perspectives. The question to be answered is: changing from what, to what? What are the ways in which the person's perspective shifts? And what does this tell us about the remembering process?

There are two major perspective changes that merit attention. The first concerns the change in the person's view of self. The second involves comparing three different parts of the remembering process. With regard to the first issue, the positive changes in participants' self-esteem as a result of remembering and working through the abuse have been noted. In addition, the effect of CSA on the development of a child's self image has been explored. Some of the dynamics of the change in self perception have also been discussed. For example, the connection between a lack of self-awareness and a negative self image was made. It was noted that where a strong sense of self is missing, self-esteem will be lacking. Therefore, as self-awareness increases, identity and self-worth are the result.

However, the increase in self-esteem that appears to be part of the overall process contains another aspect that has not been identified. Consider the significance of remembering the abuse on self perceptions. For example, there is a great difference between knowing that the issues you struggle with are the long term effects of being violated and traumatized as a child and believing that your problems are a statement about your value and identity. Compare the following statements. "I struggle with shame because I am bad and worthless" versus "I struggle with shame because I was treated shamefully." "I feel badly because I am bad and this is normal" versus "I feel badly because I was abused." There are many possible examples to illustrate the radical shift in self perception made possible by remembering the abuse. This does not mean that the change occurs automatically or easily. The women talked about their struggling with the shift in how they saw themselves. Nevertheless, remembering that "something terrible happened" creates the opportunity for a different and more positive view of self. The perspective change is a movement from seeing the self as "bad" to seeing the self as traumatized and in need of care. This takes the shame or stigma off of the victim and places it in a larger context and onto the offender where it rightfully belongs.

This gradual shift accomplishes several things. When individuals believe themselves to be bad, shameful and/or guilty, there is a felt need for punishment. This may manifest itself in conscious or unconscious ways. But the need for punishment is being expressed when people engage in self-destructive behaviors or place themselves in relationships and situations where they are treated abusively. However, the shift in perspective from seeing the self as "bad" to seeing the self as traumatized eliminates the need for punishment and creates space and opportunity for the development of true self-worth. All of the women talked about their gradual recognition of and positive changes in destructive relationship patterns and/or overtly self-destructive behavior. They also spoke at length about learning how to care for themselves in healthy ways that reflect a new value and respect for their own persons.

In addition, when individuals have a shame based identity, they are unable to assume appropriate responsibility for their lives and inappropriately take on responsibility for things that do not belong to them. Julie and Renee's "before remembering" descriptions of themselves are good examples of shame based patterns of relating. With her friends, Julie took responsibility for being aware of and meeting their needs. At the same time, she gave no attention to her own needs and desires. Renee also took on an unhealthy care taking role in relationships with friends and found herself saying continually, "I'm sorry" in conversations where her apologetic manner was inappropriate. Conversely, she found it extremely difficult to voice her thoughts and opinions with others. As the feelings of overwhelming shame and guilt lessened for these women, these shame based patterns changed to healthier ways of relating. Both Julie and Renee are able to receive as well as give in their friendships. They have become much more aware of their personal boundaries and are able to communicate this in their relationships.

The second major type of perspective change can be seen by comparing different parts of the remembering experience. There are two particular comparisons that are helpful. The first is the qualitative difference between the women suspecting, sensing or knowing that they had been abused and having flashbacks of the abuse. The second comparison is the difference between having flashbacks of the abuse and having processed and integrated these experiences. Exploring these comparisons in greater detail will elucidate the type of perspective changes that occur. The first comparison was noted earlier in the discussion. Having flashbacks of the abuse was described as being a radically different experience than suspecting or knowing that the abuse occurred. Flashbacks came suddenly and were overwhelming. It is interesting that even when the women were certain that they had been abused, it was still traumatic to have flashbacks of abuse events. It is as if no amount of intellectual acknowledgment is sufficient to prepare an individual for the kind of knowing that happens with flashbacks. The type of perspective change that takes place during flashbacks is much more than intellectually grasping a new view of something. As described by one of the participants, it is a "whole body" experience. The abuse is relived and experienced through the senses quite literally. Sights, sounds, smells, tactile sensations, body positions and feelings may all be present. Through flashbacks the women in this study re-experienced the trauma of the sexual violation from the perspective of the child victim. In addition to reliving the terror of the abuse, the perspective of the child victim is one in which the individual experiences intense alienation, powerlessness and shame. These aspects of CSA are what make it extremely dehumanizing. Flashbacks are the means by which the adult survivor experiences the child victim's perspective. They represent a qualitative change in perspective from that of an adult examining her past and acknowledging that the abuse occurred to that of the child victim who is experiencing the abuse as a present event. This shift from the "competent adult" view to the "child victim" perspective accounts for the overwhelming nature of the knowledge that comes via flashbacks. The term "competent adult" refers to the fact that prior to the flashbacks, the individual has some sense of personal power or control that is radically altered during and after a flashback experience.

The second comparison of parts of the remembering experience is the difference between having flashbacks of the abuse and having processed and integrated these experiences. This represents a gradual shift from the "child victim" view to a perspective that integrates the child victim's experiences into the "responsible adult". The responsible adult perspective is one in which the adult survivor is able to acknowledge, to accept and to contain the child's traumatic experiences. "Acknowledgment" in this sense is a full knowing of the trauma experience that comes through flashbacks. "Acceptance" means that the yes/no tension has been resolved. "Containment" is the ability to put boundaries around the traumatic experience. The individual is able to stay present and grounded in the adult self when dealing with the abuse. These three aspects are an integration of the child's traumatic experiences into the adult's reality. I have called it the "responsible adult" perspective because the adult survivor has moved into a place of owning her childhood experiences (as opposed to disconnecting from them) and is relating to herself in a more responsible manner. This particular shift in perspective is examined in greater detail in the next section (Facilitating the Healing Process) because we are exploring ways to promote this type of change.

Shifting perspectives from "competent adult" to "child victim" and finally to "responsible adult" helps explain the existence and resolution of the "yes/no" tension. In the Results chapter, the "yes/no" tension was identified as the "desire to know" versus the "fear of knowing" about the abuse.

Van der Kolk (1993) uses the terms intrusive and numbing phases of the trauma response to describe this aspect of the process. With PTSD, the person alternates between being overwhelmed by intrusive symptoms (e.g. flashbacks, nightmares and somatic reactions) and numbing symptoms. This description fits well with the experiences of the women in this study.

What remains to be explored about the "yes/no" tension are the things that move the individual in either of these two directions and how can this tension be resolved? The latter question is discussed in the next section on "Facilitating the Healing Process". With regard to the tension itself, what things affect the person's willingness/unwillingness to know about the abuse?

On the "yes" end of the continuum, a number of things have changed for the adult survivor since being abused as a child. Remember that the "child victim" experience/perspective has been disconnected from ordinary memory and consciousness most likely because there were insufficient resources to work through the trauma at the time that it occurred. However, the adult survivor now has access to healing resources, both internally and externally, that the child victim did not have. Internal resources refer to the fact that the child that was victimized has grown into an adult. At the time of the abuse, the child did not have an adult advocate or an adult body. Now both of these resources are present in the person of the adult survivor. There is an adult self available to take responsibility for the wounded self (the child victim). External resources include: information on abuse and emotional healing issues; therapy; opportunities for support from others; and increased safety (i.e. the abuse has stopped, the survivor is able to protect herself from the abuser). We also identified earlier the internal psychic drive toward healing and wholeness. The damaged psyche seeks to repair itself much the same as does the body. All of these things contribute to the "desire or the willingness to know".

Much has already been said about the "no" side or the "fear of knowing" about the abuse. CSA is such a horrific violation that there is an intense aversion to even acknowledging that it happened. In addition to the difficulty of accepting that something terrible happened to her as a defenseless child, the survivor also has to come to terms with the fact that the abuse was a willed violation by someone she should have been able to trust. To complicate this situation even further, the shift in perspective from the "competent adult" to the "child victim" means that the survivor is having to wrestle with these issues from a felt place of powerlessness, alienation, and shame. Therefore, it is not surprising that the remembering process is marked by overwhelming emotional responses and numbing. In light of this, it is evident that there is great intensity on both sides of the "yes/no" tension. It is not surprising then that resolving these issues requires support, time and courage.

This section has explored the remembering experience. Theories about why adult survivors remember CSA, generally view remembering as an integral part of the healing process. Remembering the abuse: 1) can be thought of as the release of buried trauma, 2) enables adult survivors to more effectively work through the long term effects of the abuse because they know the source, 3) creates the possibility that lost resources (both internal and external) can be recovered.

Why and how memory can be affected by abuse trauma was also explored. It was noted that burying or splitting off memories of the abuse may be the best or only way of surviving. In addition, traumatic memories appear to be processed differently than ordinary events and this difference may lend itself to traumatic memories being held outside of conscious awareness. Various characteristics of traumatic memory were identified.

Two important themes that describe the entire remembering process were explored. Two particular types of "shifting perspectives" were identified: 1) changes in the person's view of self, and 2) the shift from "competent adult" to "child victim" and finally to "responsible adult". With regard to the "yes/no" tension, various issues that move the individual in either of these two directions were identified. Facilitating the resolution of these issues is the topic of the next section.

Facilitating the Healing Process

> The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections.

> Recovery can take place only within the context of relationships; it cannot occur in isolation. In her renewed connections with other people, the survivor re-creates the psychological faculties that were damaged or deformed by the traumatic experience. These faculties include the basic capacities for trust, autonomy, initiative, competence, identity, and intimacy. Just as these capabilities are originally formed in relationships with other people, they must be reformed in such relationships (Herman, 1992, p. 133).

This quote describes both the type of damage caused by CSA and the principles necessary for recovery. It fits well with the findings of this study. In the Results chapter, participants' comments with regard to identifying things that were helpful and/or unhelpful centered on themes of empowerment and connection in three main areas: self-care, relationships with others, and therapy. (1) Self-care was directed at identifying and meeting major needs, such as connection with others, autonomy, coping and processing overwhelming emotions and the abuse memories. (2) Helpful relationships were those in which the women felt respected, accepted, cared for, understood and supported. Conversely, unhelpful or harmful relationships were those in which the women felt unsupported and/or pressured to change in some way. (3) Therapy was identified as a necessity. A strong therapeutic alliance and a client-centered atmosphere were important. There was an emphasis on the therapist's caring and respectful attitude rather than on therapeutic technique.

Much has already been explored in the Results chapter about facilitating the healing process and there are excellent resources in the abuse/recovery literature that address this issue. However, the focus of this type of material is often on therapeutic technique and may lack a phenomenological orientation. For these reasons, this part of the discussion emphasizes a phenomenological perspective. Themes generated from this process approach are used to outline effective therapeutic intervention. It is necessary to start from an understanding of the fundamental ways in which the child victim was injured and how this has affected the adult survivor.

In the previous section, the child victim perspective was described as one of powerlessness, alienation and shame. Shame is the result of "disempowerment" and "disconnection" which Herman (1992) appropriately identifies as the "core experience" of trauma. I prefer the terms powerlessness and alienation because they are used more commonly and are less abstract. I have included shame because it is at the core of low self-esteem and is a major issue for survivors. Therefore, powerlessness, alienation and shame constitute three of the major wounds of CSA. The healing process is a movement from the "child victim" experience of powerlessness, alienation and shame to the "responsible adult" perspective, which includes a sense of personal power; healthy connection with self and others; and a sense of dignity and personal self-worth. How can the helping professional facilitate this process?

Herman (1992) identifies the healing principles as "empowerment" and "connection". She adds that "recovery can take place only within the context of relationship . . . " (p. 133). Participants' stories affirm the validity of Herman's ideas. However, based on the women's accounts, Herman's notion of "connection" must be expanded and a third principle must be added. "Connection" must include the establishment of connection within the self (e.g. connecting with internal resources) as well as relationships with others. The third healing principle is "honour". The act of honour is not mutually exclusive from "empowerment" and "connection", but it focuses attention on a unique aspect of the process that is vital to recovery. Honour is the act of recognizing or of giving positive value to something or someone. It is a stronger and less passive word than "respect". Honour has the effect of reversing the shaming processes set in motion by the abuse.

Having identified three principles necessary for recovery, how are these implemented at a practical level? In particular, what is the relationship between these three principles and some of the specific issues that participants identified as important?

One of the themes spoken of frequently by participants when describing helpful relationships was "allowing". The women felt supported and cared for in relationships where they were "allowed" to be themselves; to have needs; to have and express negative feelings; and to talk about what they perceived as being important. "Allowing" was also described as "letting, making space for, and giving permission." It is an integral part of empowerment, connection and honouring.

There is something fundamental to the "allowing" theme that is often overlooked in the abuse/recovery literature. But once it is identified, the logic of the healing process is more easily understood. One of the main reasons an adult survivor continues to struggle with CSA trauma is because the child victim was not allowed to have a natural healing response to the abuse when it occurred. The child victim did whatever was necessary to survive (a survival response). For example, being connected with intense feelings of grief, rage and fear is less adaptive than "numbing out" in a dangerous environment where expression of feelings may result in more abuse. Most often this means that healing responses are blocked or suppressed.

As demonstrated by participants' stories, they survived the abuse as children by developing the capacity to disconnect from legitimate and healthy needs, feelings, thoughts, perceptions, boundaries, etc. These adaptive responses developed in childhood and were problematic to them as adults. However, focusing attention on the difficulties caused by survival behaviors, only addresses the symptoms of a deeper issue.

The fundamental problem is that a natural healing response to the abuse has never been "allowed" (acknowledged, encouraged, welcomed, supported, or honoured). Why is this important? The psyche's natural response to trauma is to work to repair the damage. As noted earlier, this is similar to our bodies response to physical trauma. If these responses are blocked or suppressed, healing cannot occur. When participants talked about others "allowing" them to have and express needs, feelings, etc., they were talking about finally being allowed to have a natural healthy healing response to the abuse. Having this response and being supported in it is the process of empowerment, connection and honouring.

There are two parts of a healing response to the abuse that illustrate this relationship. The first is the survivor's need to connect with and express feelings. Feelings are a vital inner resource because they contain important information about the nature of our relationships (Katherine, 1991). Rage, grief, fear, shame, guilt are natural responses to being victimized. Through the experience of her feelings, the survivor emerges with a deeper understanding of her true identity because she has connected with the many ways in which she was wounded by the abuse. Only her feelings can enable her to understand the nature of the violation she has suffered and how this has impacted her person.

Feelings are also the means by which the psyche expresses significance and meaning. Anger and grief are good examples of emotions that express value. Grief is the acknowledgment of loss and of its significance. Anger is a response to disrespect (Matthews, 1991). It has been called the "I count" emotion. CSA is horrifically dishonouring and shaming and leaves the victim feeling worthless and shamed. A survivor needs to connect with her grief and rage about the abuse because it is the psyche's way of reestablishing a sense of dignity and personal worth. Experiencing these intense feelings is also the means by which a victim becomes empowered. Working through grief and anger enables the survivor (1) to know and value her wounds, and (2) to become committed to protecting herself from further victimization. Knowing and valuing is the first part of healthy self-esteem. A commitment to protecting oneself in healthy and appropriate ways requires a sense of personal power and is a significant part of self-worth.

The second part of a healing response to abuse is giving a voice to the truth. Many child victims survive by remaining silent about the abuse. Silence is a survival response to CSA. Conversely, to give voice to the truth of our experience is a healing response. Participants confirmed the importance of this aspect of the recovery process when they talked about the significance of disclosing the abuse. Even though their disclosures took place years after the abuse had occurred, they all identified telling someone else about the abuse as being an extremely important part of the recovery process. There is a direct connection between speaking the truth about our experience and regaining a sense of personal power. Breaking the silence imposed on her by the perpetrator is one of the ways that the victim of CSA moves from the place of victimization to that of empowerment.

Connecting with feelings and speaking the truth are only two aspects of a healing response to CSA, but they illustrate the necessity of allowing and encouraging a natural healing response to the abuse as the means to recovery. In addition to facilitating a healing response to CSA, it is important that the helping professional knows how to address containment issues in a practical manner. It is not sufficient for the recovery process to only create the conditions in which survivors feel safe to reconnect with memories and feelings about the abuse. The helping professional must also be able to facilitate working through these powerful experiences. There is more to the recovery process than simply reconnecting with the child victim perceptive. The healing journey requires reconnecting with the experience of powerlessness, alienation and shame (the child victim perspective) and from there a movement to the view of the responsible adult. One of the goals of this study is to address this particular issue at a practical level. The following discussion focuses on specific intervention strategies.

When an adult survivor is experiencing her woundedness, it is likely that she will be less able to maintain an adult perspective. This is especially true during a flashback. However, the split between the child victim perspective and that of the adult survivor can also be observed when individuals talk about something making sense to them intellectually, but not on an emotional level. Therefore, it is important to remember four general guidelines when dealing with the child victim perspective. This is not intended to be a comprehensive list, but it represents ways of dealing with some of the issues identified by participants that are consistent with the healing principles outlined in this discussion.

(1) Abstract issues and concepts need to be simplified and concretized. This can be done by using simple words as opposed to the use of "psychobabble" or overly technical terminology. Keep explanations short and to the point. Use of pictures, metaphors and stories can be quite effective and are more oriented toward "right brain" thinking and the language of emotions. This does not mean that it is appropriate to speak or behave in a patronizing manner, but only that communication needs to be simple, clear and respectful. This is NOT an intelligence issue. When people are emotionally overwhelmed, they are less able to focus, concentrate and think abstractly. This happens regardless of the person's level of intelligence.

Plans for coping and self-care strategies need to be concrete, action oriented and created specifically for the needs of the individual. What is effective for one person may not be for another. An example of this type of strategizing would be to create with a client a list of things or activities that she finds comforting or grounding to be used after experiencing a flashback. In addition, the activity of planning (especially for dealing with crisis) is extremely important. It not only contributes to an increased sense of safety and competency, it also helps to ground the survivor in the present. Planning is a way of anchoring oneself.

(2) Words and behavior need to be congruent. For example, it isn't

helpful to tell a survivor that you are comfortable hearing the details of her abuse if your body language communicates a lack of comfort or you engage in behavior that prevents her from telling her story, e.g. interrupting or changing the subject.

(3) Give relevant information and reassurance. Survivors going through the recovery process need information about many things. They need effective strategies for processing intense feelings and memories. They need to understand the importance of self-care and containment skills. They need to know "what is normal". In light of the intense nature of their experience, survivors need lots of reassurance about the healing process and the normalcy of their responses to it and to the abuse. (e.g. "Feeling like you're going crazy is a normal response to trauma. You actually aren't crazy, but at times it feels like it.") As demonstrated by participants' stories, the recovery process is a frightening and disorienting experience. Reassuring the client is both comforting and grounding. It also provides a more appropriate model for self-talk.

(4) It is important to model appropriate adult attitudes, speech and behavior toward the child victim's experience and perspective. There are numerous aspects to this, but it is essentially an honour issue. It is vital that the "child victim's" perspective be valued and respected even when it is objectively wrong. Two good examples of this are Julie's former belief that "men are

dangerous and all they want is sex" and Renee's former belief that she was guilty for the abuse because she felt guilty and because she didn't tell anyone about the abuse when it was happening. How can the helping professional respond respectfully and therapeutically to points of view that are objectively false?

First, it is important to recognize that these beliefs are the product of the survivor's experience. It is quite possible that the only men Julie had experienced in close relationships were dangerous and only interested in sex. Likewise, Renee's overwhelming sense of guilt and the fact that she didn't tell anyone about the abuse would likely result in her belief that she was guilty. Given that these beliefs are rooted in traumatic experiences, it is important for the helping professional to affirm and validate the survivor's experience and to acknowledge the legitimacy and rationality of forming beliefs and opinions about the world based on experience.

Second, it can be suggested that while experience is important and valid, it is also limited and there may be exceptions to the "rules" (e.g. some men may be safe and interested in more than sex) or that there may be certain pieces of the picture that haven't been considered (e.g. Renee remained silent because she had been threatened by the perpetrator.)

Finally, it is important to recognize that there is a large emotional component to beliefs coming out of the "child victim" experience. Trauma has cemented them in place emotionally. As the client works through the pain of the abuse and processes the accompanying feelings, the "emotional cement" loosens and perceptions and beliefs change automatically to reflect a more balanced perspective. When experiencing intense physical pain, we often perceive the world quite differently as compared to a pain free view. It is the same with emotional pain. Skewed perceptions and beliefs are a symptom of unprocessed pain. Because of the strong emotional element, it would be a mistake to think that a survivor can be "reasoned" out of "inaccurate" conclusions about the world. Given this strong emotional factor, it is more helpful to agree with the survivor that, based on her experience and perspective, it would be difficult to believe that alternative conclusions are true and that some of her beliefs are false, distorted or extreme. Then assure her that she need not change her belief system until she experiences something different. All that is being asked for is an openness to the possibility of different experiences in relationships.

However, for some survivors opening themselves in this way is difficult or impossible at the beginning of the recovery process. This is not uncommon when dealing with shame issues. It may be impossible for the survivor to view herself through any other lens or to open herself up to the possibility that she might one day see herself more positively. This is the type of situation in which honour plays a key role. The helping professional needs to affirm the survivor's difficulty with seeing herself differently and give the client "permission" to retain this view. Two alternative views can then be suggested. (1) Children's boundaries are not well defined. This means that when they are victimized, they can take on feelings of shame and guilt that actually belong to the abuser. These children grow up believing that they are shameful and guilty when, in fact, they are carrying feelings that belong to someone else. Encourage the client to consider this possibility. (2) The helping professional can verbalize his/her view of the client (e.g. identifying strengths and positive character qualities) and then ask that the client allow for this difference of opinion in the relationship. The therapist first models tolerance and respect for the "child victim" perspective and then asks for the same from the client. The client is not being asked to change her beliefs, but only to make room for someone who holds a different view. However, making allowance for another to see her differently opens the door for change in her own perceptions. As mentioned earlier, the client is encouraged to not change her views until she experiences something different in relationships. This and all the other ways of validating the "child victim" perspective constitutes an extremely different relationship experience for the client.

There are many variations of skewed perceptions that are the long terms effects of CSA. However, most of these automatically become more balanced as the survivor's self perceptions change. When the client feels empowered, connected and honoured as a result of the therapeutic relationship, her view of herself becomes more positive. Her confidence in her ability to be in relationships and to keep herself safe increases. Consequently, the world is perceived as a

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Appendix A

General interview and procedural guidelines.

Recovering Memories of Abuse Research Project

General Interview Guide

I. Recovering Memories

Describe experience of recovering memories of childhood sexual abuse.

- When?
- What was happening in life?
- Describe self: body/health
  - feelings
  - thoughts/beliefs
  - behaviors
- What response: others? Self?
- What happened next?
- What was helpful/not helpful? Self? Others? Therapy?
- In what ways could others (i.e. therapists) have been helpful?

II. After Recovering Memories

Describe what is different having recovered memories of abuse

- Describe self: body/health
  - feelings
  - thoughts/beliefs
  - behaviors
- Describe any changes in circumstances or relationships?

RECOVERING MEMORIES OF ABUSE RESEARCH PROJECT PROCEDURAL GUIDELINES

Therapists were contacted from several different counseling institutions, as well as, therapists in private practice. After the project was explained, the therapists contacted women from their caseloads that qualified as potential participants. The names and telephone numbers of interested women were given to me.

Interview 1 - Screening

Initial contact with potential participants was made by telephone. They were thanked for their interest, the project was discussed and they were asked what further information they required to consent to participate in the project. Questions were answered about the nature, purpose and process of the project.

The women were asked if they had any memories of childhood sexual abuse prior to the recovery of such memories as adults. They were asked concerning personal readiness to participate in the project given the possible risks of participation. They were asked what they would like to gain from this experience.

If individuals met the criteria and were willing to participate, an interview date was chosen.

Interview 2 - Data Collection

Participants were given the written description of the project, which was then discussed and written consent and demographic information were obtained.

The interview began with the following introduction.

"The purpose of the project is to explore people's experience of recovering memories of childhood sexual abuse when they had no previous memory of such events. Perhaps the easiest way to do this is to retrace the path of your experience starting with your first awareness of having been sexually abused as a child. You may want to talk about events, thoughts, feelings and people that seem significant in your experience. How did the process of remembering begin for you?"

As participants described WHAT happened, prompts were made to elucidate HOW things came about and how participants were effected. Other questions were asked at the end of the interview based on relevant literature, if comment had not been made on those areas.

Interview 3 - Respondent Review

The transcripts of the second interview were analyzed and in the third interview, the results were presented to the participants for their impressions and feedback. A written outline of the results was reviewed and the process of analysis was explained. The women were asked to comment on the written interpretation of their experience. Participants were asked if the thematic analysis made sense to them and if it represented their experience. Their comments were noted and appropriate changes were made.

Appendix B

Materials used in screening & in second interview

(written description of project and consent forms)

RECOVERING MEMORIES OF ABUSE RESEARCH PROJECT

Project Purpose

The purpose of this study is to explore the experience of recovering memories of childhood sexual abuse. This subject is presently the focus of much attention. Although there are numerous theories about delayed memories of abuse, our knowledge of this experience is incomplete in many ways. This study proposes to expand our understanding of the area from the perspective of people who have had this experience.

Project Benefits

Personal stories of the experience of remembering abuse will contribute to the understanding and treatment of survivors of childhood sexual abuse. For those interviewed, it is an opportunity to contribute to that outcome, and to explore their own process of healing.

Project Tasks

The major task is telling a personal story. Several sessions will be needed: initial contact (by phone); a personal interview; and a session to present and review the results.

Project Inconvenience and Risks

The expected inconvenience is one of time, for each contact and overall. It is expected to take several months to complete the interviews, analyze the data and present the final project.

A possible risk is discomfort in remembering and describing the experience of remembering abusive events. Despite possible discomfort, this process may be experienced as clarifying ones' own process and solidifying the gains in the personal process of healing. Should discomfort occur, this will be discussed and the participant will be encouraged to seek the assistance of her therapist or of other sources.

Project Participants

Two groups will be involved in the project: the researchers and the interview participants. Participants will be adult women who have recovered memories of childhood sexual abuse and who, prior to this experience, had no conscious knowledge of being sexually abused as children. Each participant will be asked to sign consent forms regarding their participation and the release of information. Participants may also withdraw at any time. To do so simply requires notifying the principal researcher of the wish to withdraw from further participation.

Confidentiality of Personal Information

Confidentiality and anonymity will be maintained by altering names and any identifying information. The original interview data will be available only to the researchers, secured during the project, and destroyed following completion of the project. The final project will constitute a doctoral thesis to be housed in the university library.

For more information, contact Aprile Flickinger 492-5205 (work) or 922-2977 (home).

RECOVERING MEMORIES OF ABUSE RESEARCH PROJECT

INFORMED CONSENT

Research Project:	Recovering Memories of Abuse Research Project Dept. of Educational Psychology, Counselling University of Alberta
Principal Researcher:	Aprile Flickinger
Supervising Committee:	Dr. J. Paterson Dr. W. Hague Dr. K Ward

I have read the description and discussed the research project.

I have an understanding of:

i) the purpose and nature of the project,
ii) the expected benefits,
iii) the tasks involved,
iv) the inconveniences and risks,
v) the identity of those involved in the project,
vi) who will receive the information,
vii) how information will be used,
viii) the right to give or withhold consent for participation,
ix) the right to withdraw at any time during the process,
x) how confidentiality will be maintained.

I give my informed consent to participate in the project.

Date

Name of Participant

Name of Researcher

RECOVERING MEMORIES OF ABUSE RESEARCH PROJECT

RELEASE OF INFORMATION

Research Project:	Recovering Memories of Abuse Research Project Dept. of Educational Psychology, Counselling University of Alberta
Principal Researcher:	Aprile Flickinger
Supervising Committee:	Dr. J. Paterson Dr. W. Hague Dr. K. Ward

I give permission to the principal researcher, Aprile Flickinger, to release information obtained during personal interviews to the supervising committee and other qualified professionals, and, to use the information obtained, with confidentiality and anonymity maintained, for analysis and documentation in a doctoral dissertation at the University of Alberta.

Date

Name of Participant

Name of Researcher

DEMOGRAPHIC INFORMATION

Present Age _______

Age when first memory was recovered _________

Marital status _________________

Education ____________________

Ethnic background _________________________

Personal income range

- Under $20,000
- $20,000 - $30,000
- $30,000 - $40,000
- $40,000 - $50,000
- $50,000 - $80,000
- over $80,000

Appendix C

Material used in third interview.
(Outline of results)

RESULTS OUTLINE

The results are divided into four sections. The first section deals with themes related to the period of time leading up to the return of the first memory of abuse. The second section discusses themes related to the return of abuse memories. Things that participants found helpful or unhelpful during this time are addressed in the third section. The last section deals with significant changes that participants identified as being a result of the remembering process.

Section I

All participants talked about a period of time leading up to the recovery of their first abuse memory that seemed to "set the stage" for the return of these memories. Using the stage analogy, there are a number of questions that naturally follow. What is on the stage when the process begins? What is not on the stage at the beginning? What is added to the stage or what sets the stage for the return of abuse memories? And by what process does the setting of the stage occur or how and why does this happen?

I. Participants' descriptions of their lives prior to remembering the abuse. (3 major areas of disconnection or impaired connection)

A. Relationship with the self
   1. Negative self-image (e.g. depression, suicidal ideation, obsession with body image, excessive feelings of guilt, shame and self-blame, lack of assertiveness, perfectionism and self-abusive behavior)
   2. General lack of self-awareness (e.g. impaired connection or disconnection with emotional and physical needs, feelings and desires)
   3. Connection between #1 and #2 - where strong sense of self is absent, self-esteem will also be lacking

B. Relationship with past, present and future
   1. Particular links with the past were distorted or missing
      a. did not remember sexual abuse
      b. blocks of time from childhood may be missing from memory
      c. neutral or even positive events during the time of the abuse may also be absent from memory
      d. may remember neutral events surrounding the abuse but not the abuse

- e. unaware of unusual or abusive nature of some past events that are never forgotten
- f. unaware of connection between present problems and past abuse (e.g. may normalize present problem because source is unknown)

2. Difficulty being in the present (e.g. difficulty committing to life, living in fantasy, difficulty maintaining a sensory connection with environment)
3. Difficulty envisioning their future

C. Relationship with others
1. Participants' internal experience (e.g. struggling with trust issues and struggling to feel loved)
2. Behavior patterns
    - a. general lack of assertiveness - unaware of personal boundaries and unable to maintain healthy boundaries
    - b. tendency toward unequal and/or unhealthy relationships - imbalance in normal give and take in relationships, often assumed care taking roles

II. Participants' descriptions of the beginning of the remembering experience

A. Increasing awareness
1. Occasion(s) to learn more about CSA
2. A heightened awareness of personal issues (e.g. personally identified with new information, noticing abnormal emotional and physical reactions, wondering about the source of present problems)

B. Responding to increasing awareness
1. Moving toward responses versus moving away responses (yes/no tension)
    - a. Moving toward responses (e.g. wondering, questioning, putting the pieces together, making connections, suspecting or sensing past abuse, knowing something's wrong, recognizing and accepting personal problems)
        - (1) recursive - often resulted in decision to explore issues further
    - b. moving away responses (e.g. avoiding, denying, protecting and hiding, fearing, keeping silent, feeling overwhelmed or numb, deciding to wait)
        - (1) seems to allow time for integration of knowledge of horrific

realities
    c. yes/no tension characteristic of process

III. Things identified as contributing to the beginning of the remembering process.

A. The presence of new information or experiences that brought CSA and/or emotional healing issues to their attention

B. Increased sense of safety helped resolve fear of knowing

Section II

Remembering specific abuse events represents a significant shift in the remembering process. This is qualitatively different than sensing or knowing that you have been sexually abused. In the previous section, it was shown that most of the participants knew or suspected that they had been abused before they remembered specific instances of sexual abuse. The recall of abuse events represents a deeper level of self-awareness. It is the remembrance of one's personal history. But the traumatic nature of the event means that the remembering experience is quite different from the usual way in which we remember things we have forgotten.

In this section, the nature of this experience is explored and the following questions are addressed. When participants recovered memories of abuse events, what characterized this part of the process? How or by what means did the memories return? In what ways did participants react to remembering the abuse? Once the memories returned, what issues did participants have to deal with and how did they heal? How did they cope with and process their feelings and the memories?

1. Characteristics of the remembering process

A. Flashbacks - the sudden, intrusive sensory memories
    1. Come in a variety of ways involving any or all of the sense modalities, usually has a visual component
    2. Can come in a piecemeal fashion or as an entire event
        a. usually see parts first and later pieces come together to form a whole scene
    3. Visual perspective may change (e.g. observer versus participant)
        a. a shift in perspective may represent a change in the person's

connection with what is being remembered

4. Involvement of other sensory modalities (e.g. hearing, smelling and/or physically feeling different parts of event that they were remembering)
5. Generally experienced as intense and terrifying, but not always
    a. terms used to describe flashback experience included "feeling paralyzed, panicked, terror, anxious, upset, nauseated, dizzy, intense sadness, hatred, and a sense of horror and disgust"
    b. may experience physical sensations (e.g. pain, choking, gagging, a sense of weight on top of the body or on chest area and other tactile sensations unique to the abuse event)
6. Precursors of flashback might include intense sadness, panic, crying hysterically, feeling ill, disoriented, paralyzed, and/or restless
7. Encountering environmental triggers specific to abuse event
8. Focusing on abuse memories - enabled participants to remember more
9. Experiencing past as present - reliving the abuse
10. Felt loss of control or powerlessness
11. Remembering abuse over time
    a. gradual unfolding of the reality of the abuse over time

B. Possible changes in process over time
1. Several participants noted that the most disturbing memories came later in the process
2. Increased ability to control process (e.g. stop or postpone flashback)
3. Increased ability to stay more grounded which lessens intensity of flashback

C. Coping with and processing intense feelings and the memories
1. Reactions to memories
    a. overwhelming and intense emotional responses (e.g. "feeling horrified, terrified, panicked, paranoid, crazy, out of control, powerless, anger, rage, confused, shamed, depressed and/or guilty")
    b. numbing responses - characterized by some level of disengagement with their surroundings and with their emotions, serves protective function (e.g. loss of interest, loss of will, lack of awareness of environment)
    c. movement between being emotionally overwhelmed and numbing

    - d. generally, not functioning well during this time (feeling exhausted and drained)
  - 2. Coping - finding ways to accept and contain the trauma
    - a. task of integration - taking the "pieces" and connecting them

Section III

Participants were asked what was helpful and/or unhelpful during the recovery process. The purpose of this question was to increase our understanding of this process. A greater understanding of fundamental needs and healing principles enables others to intervene more effectively with those going through this experience. The women's answers to this question generally addressed three main areas: self care, relationships with others, and therapy. All three areas were noted as being important by the women.

1. Self care - involved recognizing and valuing need to heal and taking action

   A. Need for connection

   B. Need for autonomy
      1. Establishing healthy boundaries (valuing own person and establishing healthy boundaries
      2. Increasing sense of self worth through concrete acts of self care

   C. Need to cope with and process trauma and overwhelming emotions
      1. Finding safe ways to express feelings and finding a safe place (e.g. crying, journaling, talking, praying and drawing)
      2. Learning about the healing process and pacing
         a. when and how to move forward or take a break
         b. reducing work load and importance of sleep
         c. more control over remembering process (e.g. giving self permission to remember, stopping or postponing flashback)
         d. therapist as important source
            (1) normalizes experience and gives information
      3. Ways of anchoring themselves
         a. connecting with others
         b. maintaining a larger perspective
         c. maintaining and/or regaining a connection with the present
         d. spirituality

II. Connecting with others

- A. Helpful resources
  - 1. Listening and being available
    - a. an invitation to share her experience
    - b. allowing survivor to talk about what she perceived as important
    - c. being able to hear about terrible things
  - 2. Responding to survivor's story
    - a. value of strong responses versus calm responses
    - b. believing their story
    - c. expressing concern and showing sensitivity to survivor's needs
  - 3. Allowing - described as "letting, making space for and giving permission"
    - a. allowing needs and feelings
  - 4. Other elements identified as helpful included "being available, giving time and attention, asking the survivor what she needs, showing a willingness to share in the process and caring in practical ways"
  - 5. Reaching out in a caring and respectful manner - quality of respect is critical
    - a. difficult for survivors to ask for help

- B. Unhelpful relationships were those in which participants felt unsupported or pressured in some way
  - 1. Pressure to change (e.g. "telling the survivor what she should feel, think and do; giving advice; shaming; reminding; pressuring the survivor to be OK and in the present; having unrealistic expectations and not allowing the survivor to have problems; and not respecting the survivor's need for privacy")
  - 2. Other unsupportive responses included "minimizing the past, overreacting, not listening to and/or not believing the survivor's story, getting angry at the survivor, and not understanding the survivor's experience"
  - 3. Active refusal to recognize abuse is experienced as extremely damaging

III. Therapy

- A. Therapy was a necessity

- B. What therapy accomplished

    1. Helped participants to understand what they were experiencing
        a. this normalized their experience which lowered anxiety
        b. a greater understanding of the process increased their ability to help themselves through it and to identify available resources
    2. Therapist acted as guide or coach through the healing process

C. Specific elements identified as important in therapy
    1. Connected with therapist
        a. feeling heard, understood, respected and cared for were major elements in the relationship that contributed to a strong connection between client and therapist
    2. Creating atmosphere that is client-centered
        a. giving permission (to feel, to care for self, to speak or not)
        b. attention to needs and feelings, finding what works
            (1) use a variety of means, but goal is to find what works
    3. Acting as a guide or coach
        a. giving needed information
        b. encouraging and respecting client's autonomy (not doing the work for them)
            (1) conveys respect for and confidence in client
            (2) encourages client to take responsibility, to own the process
    4. Personal qualities of therapist
        a. working from a position of strength
            (1) being committed
            (2) able to hear about awful realities
        b. modeling

D. Things identified as not helpful in therapy
    1. Not believing the client
    2. Having an agenda and not respecting autonomy issues
    3. Misdiagnosing

Section IV

This last section explores changes that have occurred in the lives of participants since they remembered their abuse. The women were asked to describe what is different for them after having remembered the abuse. There were many common themes in their accounts. Generally, their stories reflected an increased connectedness and/or healthier connections in three major areas: in relationship with the self; in relationship with the past, present and future; and in relationship with others.

I. Changes in relationship (connection) with the self

- A. Greater self-awareness - increased knowing and valuing of personal needs, wants, thoughts and feelings
    1. Increased sense of identity
    2. Greater connection with body, will and boundaries

- B. Improved self-esteem
    1. Greater self-confidence and increased sense of control
    2. Decrease in self-blame, criticism, self-destructive tendencies and obsessive/compulsive behaviors
    3. Increased self-care
    4. Less stress
    5. Changes in physical health (included significant drop in blood pressure; absence of migraines, ulcer and stomach problems; weight loss or gain; an absence of insomnia)
    6. Changes in emotional health (described as "feeling safe, feeling more alive, enjoying life" and an absence or lessening of "depression, self-hatred, guilt, fear, paranoia, and distrust")

II. Changes in relationship (connection) with past, present and future

- A. Changes in perspective
    1. Connection made between present problems and past abuse
        - a. gave new meaning to present issues
        - b. knowing the source helped clarify the solution
    2. Greater connection with the present
        - a. increased interest in present lives
        - b. greater ability to focus on present
    3. Future outlook more positive and less fatalistic and less pessimistic

III. Changes in relationships (connections) with others

- A. Increased ability to trust others
    1. More connected with and accepting with others

- B. Increased ability to protect themselves from abuse
    1. Less tolerance for abusive and insensitive behavior
    2. Increased ability to set boundaries and behave assertively
        - a. result of increased self-awareness

- C. Increased equality in relationships

1. Ability to recognize unhealthy relationships patterns
2. Increased ability to set boundaries and to say "no"
3. Greater ability to ask for and accept help, less care taking

Appendix D

Terr (1994) and Whitfield (1995) have written about "external and internal evidence" that can be used to evaluate the validity of memories of abuse. The first part of this discussion focuses on external corroborating evidence that was reported by five of the six participants. The second part is an outline of the factors considered when examining internal evidence.

External Evidence

External corroborating evidence for participants' memories of abuse includes:

1. Sharon's older sibling had always remembered Sharon being taken away by her father the weekend the abuse started. When confronted, her father never denied that he had sexually abused Sharon. In addition, Sharon's father had admitted to being caught having sexual intercourse with his eleven year old sister when he was seventeen.
2. Participants' (Renee and Angelica) family members recalled strange events surrounding the abuse and noticed significant changes in the victim's and the offender's behavior that only made sense once they knew of the abuse (e.g. age inappropriate sexual knowledge and inappropriate and/or uncharacteristic behavior).
3. Social Services investigated Patricia's family (at the time of the abuse) because someone outside the home reported their suspicion that Patricia's father was sexually molesting her.
4. Elizabeth found pictures that her abuser had drawn of things that he had done to her that confirmed events that she had remembered previously. She also found videos of family holidays that confirmed clothing and hair style details that had been a vivid part of her abuse memories.
5. Only Sharon's therapist used hypnosis (one time) for the purpose of remembering an event. It was not suggested by the therapist during the induction that Sharon might remember abuse. Interestingly, Sharon was able to corroborate her memories externally (see #1). In addition, Julie, Elizabeth and Renee had flashbacks of the abuse before they went for therapy. Patricia had her remembered her father's abuse after her first session with her therapist. All of this suggests that the women's memories were not the result of a therapist's negative influence.
6. None of the participants brought charges against their abusers. Therefore, legal prosecution was not a "motive" for or a pressure to remember the abuse.

Internal Evidence

"Symptoms are the subjective feelings and signs are the objective findings that confirm terrible memories. If a person has endured horrible moments in life, these moments should leave a scar . . . Signs and symptoms operate even when a memory is entirely repressed" (Terr, 1994, p. 33). Signs and symptoms are internal evidence of abuse having occurred. The previous quote explains the rationale behind the concept of internal evidence. Terr identifies trauma - specific fears, post-traumatic play, and behavioral reenactments as signs and symptoms that confirm the reality of past trauma. Some examples of this type of evidence in the stories of participants in this study include: Renee's fear of driving at night past the place where she was abused. She had always had this fear even though she had no memories of the abuse. Julie and Patricia's adverse reactions to certain smells and/or to putting specific things in their mouths, e.g. sausages, water, and semen.

Whitfield (1995) proposes that internal verification of past abuse can be established by "observing and demonstrating over time a combination of four or more of the following clinical findings" . . . "the presence of a high risk disorder or illness; post-traumatic stress disorder; age regression and other re-living of the trauma; repetitions and repetition compulsions; characteristics of the memories themselves; other patterns, dynamics and connections" (p. 149)

1. High risk disorders or conditions associated with child abuse include: psychiatric inpatients and outpatients; dissociative identity disorder; eating disorders; chemical dependence; depression (major depression and suicide attempts); somatization disorder; borderline personality disorder; psychosis; PTSD; general psychiatric disorders (e.g. self-destructive and/or violent behaviors); and sexual dysfunction (p. 150-154).
2. Post-traumatic stress disorder "is a physical and psychological disorder that is nearly always associated with a history of trauma and painful memories, conscious or unconscious, of the experience" . . . "PTSD is not and usually cannot be faked" (p. 155).
3. Age regression and other re-living of the trauma occurs when the individual feels overwhelmed by intense feelings (such as terror, rage, shame, confusion) and the person feels helpless like a small child (p. 154-159).
4. Repetitions and repetition compulsions (e.g. destructive behavior to self or others, obsessive behaviors, anniversary reactions) are ways in which a survivor re-enacts or relives various aspects of the original trauma. Most often there is no conscious connection between these behaviors/reactions and the traumatic source (p. 159-161).
5. Characteristics of the memories that differentiate traumatic memories from ordinary memories. (see description of differences from Smucker & Niederee

in Discussion chapter p. 177).

6. Other patterns, dynamics and connections that "may include intrusive voices, dreams, somatic memories, certain behaviors or statements and the after-effects of the recovery process" (Whitfield, 1995, p. 162).

Whitfield is clear that none of these factors alone are proof of the validity of a traumatic memory. "But taken together, in a cluster of at least four or more of these criteria, they may provide strong internally corroborating evidence that the essence of the traumatic memory is real and that the trauma actually happened" (p. 163-164).

Discussing the concept of internal validity in this appendix is not an attempt to try and establish the level of internal validity for each participant. The purpose is to acquaint the reader with the issues involved when exploring the validity of recovered memories. It also enables the reader to put various details of the women's stories into a bigger context.

Appendix E

Audit Trail

April 1992 - December 1993

During this time, I was working as a therapist and developed an interest in this topic as a result of personal and shared collegial experience with clients that were recovering memories of CSA. The decision to explore the experience of recovering memories CSA as a dissertation topic came out of many questions and uncertainties experienced by colleagues and by me, as well as, the professional community's renewed interest in this area and the abundance of media attention on this phenomenon.

January - April 1994

Wrote and submitted research proposal. In 1994, there were few journal articles and books written on this topic. Therefore, the proposal's review of the literature was not as comprehensive when compared to the literature review done in 1996/97. More time was focused on working through the methodological issues, such as, that of identifying and/or minimizing sources of bias.

June 1994

Proposal submitted to and approved by Ethics Committee.

September 1994

Met with my supervisor and two other committee members to discuss the project. The committee members had reviewed the proposal and offered suggestions concerning sampling and keeping an audit trail.

September 1994 - July 1995

Contacted therapists from two counselling agencies and other therapists in private practice. Explained the project and asked them to give this information to potential participants. Later received from the therapists the names of interested clients and contacted them (see Appendix A for procedural guidelines).

October-November 1994

Interviewed Sharon and Angelica

December-January 1994/95

Had interviews transcribed and worked on refining interview skills based on first two experiences. Initial review of transcripts. Noted similarities and differences between Sharon and Angelica's accounts. I tried a "line by line" approach to analysis and was unable to continue after several days. This approach did not fit with my cognitive style and for that reason a different approach was used. I divided transcripts into meaningful units and emergent themes were identified from each unit. This was accomplished by using three columns. In column one, the original text of the interview was divided into meaningful units, which were numbered chronologically. Each meaning unit was paraphrased to identify the main ideas. Paraphrases were placed in the second column. In the third column, themes for each unit were recorded. Each interview transcript was initially processed in this manner.

February 1995
Interviewed Patricia. Had interview transcribed, refined interview skills, reviewed the transcript, and did an initial analysis of the transcript. This same procedure was followed with the subsequent interviews.

March 1995
Interviewed Elizabeth.

May 1995
Interviewed Julie.

September 1995
Interviewed Renee.

February 1996
Started thematic analysis. Compiled in a single list all identified themes. Identified four major areas: 1 - setting the stage for memories to return, 2 - remembering the abuse, 3 - things that were helpful/not helpful, 4 - changes.

March 1996
Felt need for contextual perspective. Started with "changes" section to get a sense of "before and after" perspective. Read and reread sections of the interviews specifically addressing the topic of before/after change, paraphrased these sections, identified themes and explored their interrelatedness. This was done with each interview individually. Then, the themes and theme clusters were pooled from all six interviews and the thematic structure of the remembering experience was identified and outlined. Drafted an outline for the writing of this section, but actually wrote this section last.

This process followed Colaizzi's (1978) analysis strategy in principle. There was a step-by-step progression from raw data to progressively higher levels of abstraction that ended in the articulation of a thematic structure. The themes and theme clusters were taken back to the interview texts throughout the process to ensure that all significant aspects of the experience had been identified.

May-August 1996

Wrote results chapter. The third section on "things that were helpful/unhelpful" was written first in order to get a sense of the remembering process as a whole. This was done by reading and rereading these parts of the interviews, paraphrasing, identifying themes, identifying relationships between themes, constructing an outline and writing the text. This process was followed for each of the four sections in the results chapter. The question being addressed in this section was "what was helpful and/or unhelpful during the recovery process?" There were three main areas addressed by participants: self-care, relationships with others, and therapy.

The next section written (it is actually the first section in the results chapter) focused on events that seemed to "set the stage" for the return of CSA memories. The emphasis was on answering the following questions: What is on the stage when the process begins? What is not on the stage at the beginning? What is added to the stage or what sets the stage for the return of abuse memories? And by what process does the setting of the stage occur or how and why does this happen?

This section was started by using the outline of the changes section to describe a "before" memories picture of the women's experience. Factors or events that appeared to set the stage for the return of abuse memories were identified. This material formed the second half of the "Setting the Stage" section.

I decided at this time to include parts of the women's stories and to use many quotes to illustrate the emergent themes and their interrelatedness. This was also done to demonstrate clearly the link between the data and the results. In addition, it enabled me to illustrate abstract concepts with concrete examples. These two aspects increased the credibility of the results and made the text easy to understand, interesting, and readable.

The section on remembering the abuse was written next. There were many questions and issues to be explored with this part of the remembering experience. For the sake of clarity, I divided this section into two parts, each with a set of questions to be addressed. Part I focused on aspects that characterized the remembering experience, such as, the means by which memories returned and the women's reactions to remembering the abuse. Part II focused on how participants were affected by memories of the abuse, issues that arose as a result of remembering, and how the women coped with and processed their feelings and the memories.

The last section written was "changes". Participants talked about what had changed for them since they remembered the abuse. They identified three main areas of change: relationship with self; relationship with past, present and future; relationships with others.

Submitted copies of results chapter to supervisor, two other committee members and five colleagues (four were therapists). Received encouraging comments and helpful suggestions.

September-March 1996/97

Read relevant literature and wrote introduction and literature review chapter. The sections of the review chapter were researched and written in the order that they appear in the text. I first reviewed studies that specifically focused on the reality and nature of recovered memories of CSA. In the following section, theoretical models of traumatic amnesia and the recovery of traumatic memories was discussed.

Submitted copy of literature review and method chapters to supervisor. His comments were most helpful.

April-August 1997

Took a break from the project.

September-November 1997

Started getting back into the material.

December-January 1998

Took a short break.

February-March 1998

Read and reread text, especially results chapter. Formulated some ideas for writing discussion chapter.

April-August 1998

Wrote discussion chapter. The sections of this chapter were written in the order that they appear. This chapter addressed the following question: What does this study contribute to existing knowledge about the experience of recovering memories of CSA and how is this important? The chapter is divided into four sections that discuss the study's contribution to our understanding of the following: the experience of the trauma of CSA, trauma's effect on memory of abuse, the remembering experience and the healing process.

My overall goal was to increase the helping professional's ability to intervene effectively with clients going through the remembering experience by increasing our understanding of this process. The text of this chapter was written with the hope that it would enable the reader to (as much as is possible) enter into the experience of remembering CSA.

July-September 1998

Met individually with participants and presented the results. Their comments were noted and appropriate changes were made to the results chapter.

August 1998

Submitted copy of discussion chapter to supervisor and received helpful feedback.

August-September 1998

Had to choose new supervisor and met with him to discuss specifics of choosing external committee member and the oral defense. Submitted copy of dissertation to new supervisor.

September-October 1998

Submitted names for choice of external committee member. Finished editorial details on dissertation text.

December-January 1998/99

Submitted updated copies of dissertation text to committee members.

February-March 1999

Received feedback from committee members, made necessary changes (particularly in methodology chapter), and submitted the final draft.

University of Alberta

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Dedication

This work is dedicated to three groups of people.

To my parents, Ray and Joanne Flickinger.

You gave me faith, hope and most of all love.

To my "adopted" parents Bella and Tibor Kestenbaum, who survived the Nazi Holocaust as Jewish children in occupied Europe. You have taught me a great deal about the strength of the human spirit and of how to celebrate life.

To the women who participated in this study and all victims of childhood abuse. You are THE REASON this project was undertaken and completed.